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ABSTRACT

The document contains proceedings of the fourth national conference on meeting the needs of disabled students in higher education. Fifty-one presentations are divided into nine major categories--keynote address, the international year of disabled persons, management of a support services office, legal and planning issues, counseling students with disabilities, career counseling/placement services, support services for students with hearing impairments, support services for students with learning disabilities, and support services for students with severe physical disabilities. Among the papers are the following titles and authors: "Independent Living and the Post-Secondary Educational Institution" (L. Frieden, et al.); "Resources for Selecting and Managing Educational Assistive Devices and Services for Disabled Students" (R. Hartman); "Guidelines for Campus Life Safety and the Handicapped" (L. Donnels, et al.); "Sexual Counseling and Education for the Disabled College Student--A Look at Attitudes and Counseling Techniques" (M. Armstrong, et al.); "Getting That Job--Concrete Steps Toward Gainful Employment" (D. Sampson); "Tutoring/Notetaking as a Support Service for Deaf Students" (J. Wilson); "Identification and Accommodation of the College Qualified Learning Disabled Student" (M. Bacigalupo); and "Implementing Programs for Independent Living on the College Campus" (G. Callas). A conference agenda, lists of participants and exhibitors, and a description of the Association on Handicapped Student Service Programs in Post-Secondary Education conclude the document. (SB)

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The Accessible Institution of Higher Education: Opportunity, Challenge, and Response

Fourth National Conference

Sponsored by the Association
on Handicapped Student
Service Programs in
Postsecondary Education

Held in Boston, Massachusetts
July 13-17, 1981

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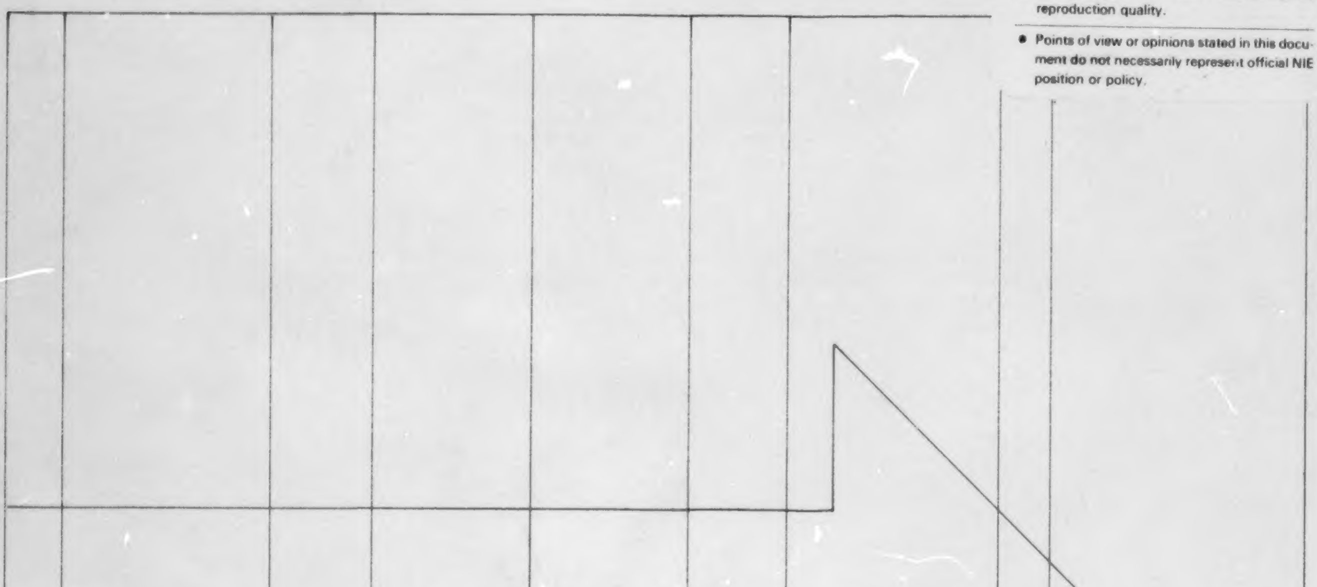

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Compiled by: Stephen H. Simon

Coordinated by: Rubin Russell

Typists: Gabriele Carroll
Beverly Rowe
Shirley Speakman

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FORWARD

The fourth national conference on meeting the needs of students with disabilities in higher education, "The Accessible Institution of Higher Education: Opportunity, Challenge and Response," was the third annual conference of the Association on Handicapped Student Service Programs in Postsecondary Education (AHSSPPE). It was held at the Hyatt Regency Hotel in Cambridge, Massachusetts, July 13-17, 1981. AHSSPPE BOSTON '81 attracted more than three hundred participants from across the United States, including Alaska, and several provinces of Canada, during a time of severe budgetary constraints. This is a strong indicator of the high regard in which people have come to hold the annual AHSSPPE conferences, and of the need for the information presented.

The Conference Program Committee traveled at no expense to the Association and convened in Boston, December 5-6, 1980. The members were selected to represent large public and private universities, small colleges, community colleges, the federal government and non-educational institution members. The individuals were themselves representative of the diverse disabilities groups served by AHSSPPE's members. Additionally, the members were representative of the various administrative positions and educational backgrounds of AHSSPPE's professional members. And certainly not of least importance, there was broad geographic representation, including that of the Association's rapidly expanding membership in Canada. A conference design was planned which would:

1. meet the physical accessibility needs of all participants;
2. permit an optimum balance of plenary sessions, concurrent sessions and time for unstructured contacts and discussions;
3. allow participants to tour and sightsee in the area without missing any formal sessions of the conference; and
4. unobtrusively accommodate the basic personal and social needs of people living in a hotel/conference environment for a relatively extended period of time.

The work of the Conference Program Committee was made both easy and difficult by having an abundance of excellent, detailed proposals submitted on a standardized form prior to the November 30 deadline. Easy, in that almost no work had to be done to solicit presenters for desired sessions, as in the past. Difficult, in that despite increasing the length of the conference one full day from past years, not repeating any sessions at all, and combining similar proposals whenever possible, it was still not possible to schedule all the worthwhile sessions proposed. The sessions selected for inclusion were chosen on the basis of varying combinations of the following criteria: the uniqueness and importance of the subject; the experience and reputation of the presenter(s); and a consideration for balance in the same areas of concern used in the selection of the Program Committee itself (see above).

The actual implementation of the conference, including all strategic and tactical considerations, was the work of the Conference Planning Committee. This group of hardy souls was drawn from the ranks of the Massachusetts Association on Handicapped Student Service Programs in Postsecondary Education (MAHSSPPE). The first meeting of the Planning Committee occured just weeks after the 1980 conference, more than a year before the event being planned. The goal of this committee was nothing less than to be the most gracious possible hosts for the most accessible and enjoyable possible conference. No detail was too small to obsess about. The cooperation from beginning to end was total, and the committee meetings bore a resemblance more to an informal, social gathering than to the hard-nosed, task-oriented session the results might imply.

The specific objectives of the AHSSPPE BOSTON '81 conference were:

1. to be as accessible to all people with disabilities and responsive to human needs as possible;
2. to build upon and add to the body of information developed for the field of handicapped student services in postsecondary education by the previous AHSSPPE and Wright State conferences;
3. to satisfy the broad range of professional concerns of participants coming from diverse professional orientations (e.g., rehabilitation counselors, nurses, student affairs counselors and administrators), working in diverse settings (e.g., counseling or placement offices, academic support centers, classrooms, outside agencies), and serving students with diverse disabilities (e.g., physical, emotional, learning);
4. to firmly establish the annual AHSSPPE conference as a vital tool for the dissemination of knowledge in this field; and

5. to complete the transition from the college dormitory-based setting of an exploratory and organizational meeting to the professional accommodations conducive to the establishment of a nationally prominent, professional, annual conference.

The reader of this publication is asked to note that the ideas presented both during the conference and within these proceedings represent the individual expertise of the speakers and are not meant to exhaust the possible approaches to service delivery. This information, rather, should be viewed as an aid to professionals in the field as they develop their own methods for the delivery of support services to students with disabilities.

AHSSPPE is indebted to the individuals who participated in the work of the Conference Program Committee and of the Conference Planning Committee, and to the presenters who labored to share their experiences and ideas. It is our hope that this volume will become a valuable resource to those working in the field and encourage them to reach out and share their experiences and ideas with yet others.

Rubin Russell, Conference Coordinator
Director, Handicapped Services Office
Northern Essex Community College
Haverhill, Massachusetts
September, 1981

ACKNOWLEDGEMENTS

AHSSPPE BOSTON '81 was the result of an evolutionary process begun with the first two national conferences assembled by Wright State University in 1977 and 1978, in Dayton, OH. In 1979 AHSSPPE sponsored its first conference in Chicago, coordinated by Barbara Travis and Moyra Ebling. Their efforts were genuinely inspirational, causing the volunteering of the present Conference Coordinator, "gently" encouraged by then-President, Cindy Kolb. Unfortunately, there was no Proceedings book published from the 1979 conference and it was thus lost as one of the "national" conferences. Gwen Callas performed miracles long-distance in 1980 and brought about the "third national" conference in Denver from her base in Kent. The Denver conference left room only for the refinement of relatively minor details; the major elements of the conference were transferred intact to Cambridge in 1981.

Foremost among those elements was the continuation of Ron Blosser's agreeing to take full responsibility for promotion and publicity. To Ron belongs all credit for getting everyone to the conference.

All matters financial and businesswise were superbly handled before and during the conference by the procedures established by Al DeGraff and implemented with the dedicated and competent assistance of Ellen Rubin, both of Boston University.

Janice LeClair and Sandy Signor of Mount Wachusett Community College planned every detail of conference amenities from the herbal teas at the "coffee breaks" to the flowers on the banquet tables. The flawless on-site registration process and all aspects of the midweek sightseeing break were theirs also. In all regards they were ably joined by Annamaria Pultorak of Millbury, MA.

The Resource Room with its thousands of handouts, posters and invaluable resource displays was the fruit of the labors of Dottie Moser, of Harvard University, who also arranged Harvard's sponsorship of the opening night reception.

Veronica Leona singlehandedly obtained all the exhibitors and made all the arrangements for the exhibit area which provided much new and useful information to many participants.

To Elizabeth Neault of Northeastern University fell the crucial task of coordinating adapted transportation to and from the conference, and during the midweek break. Her elaborate planning was exceeded only by her total dedication in overseeing its successful management.

EXPO: Exposition of Exemplary Programs was roundly hailed as one of the most stimulating parts of the conference. Solely responsible for this was Maria Bacigalupo of Curry College.

One of the highlights of the conference was the thoroughly professional coverage of all events with interpreters for participants who were deaf, hard-of-hearing or deaf-blind. Jean Brennan-Woods of the Gallaudet College Extension Center for New England at Northern Essex Community College arranged and coordinated these services.

Robert Matorin, also of Northern Essex Community College (NECC), saw to it that all presenters at the conference had whatever media support they requested. His able on-site assistants were Kathy MacDonald and Robert McGinnes of NECC.

One person was responsible for all special services other than adapted transportation and deafness interpreters. Andrea Schein, University of Massachusetts - Boston, saw to it that all the hotel menus and in-room materials and conference program were available in large print and braille. She trained and coordinated all the student volunteers who provided much necessary help throughout the conference. These were:

Brenda Clark - University of Massachusetts/Boston
John W. Dacey - University of Massachusetts/Boston
Steve Dolan - University of Massachusetts/Boston
Pat DuVally - University of Massachusetts/Boston
Omar Foote - Mount Wachusett Community College
Raymond Gagne - Fitchburg, MA
Roz Glickman - Boston University
Laura LaFontaine - Northeastern University
Joe Lazzaro - University of Massachusetts/Boston
Mary Mahon - University of Massachusetts/Boston
Alex Malvers - Northern Essex Community College
Anne Marino - University of Massachusetts/Boston
Kathy MacDonald - Northern Essex Community College
Robert Maginnes - Northern Essex Community College
Cheryl Monas - Boston University
Mark Muise - University of Massachusetts/Boston
Reed B. Marmy-Cotton - Boston University
Rick Oliver - North Shore Community College
Mai Tao - University of Massachusetts/Boston
Cindy Tumilty - University of Massachusetts/Boston
Bob Walsh - University of Massachusetts/Boston
Jay Weinberg - Boston University
Jeanne Wilson - University of Massachusetts/Boston

The people who did the work of designing the conference and selecting the presentations were the members of the Program Committee:

Chet Avery, U.S. Department of Education
Maria Bacigalupo, Curry College
Ron Blosser, Southern Illinois University
Gwen Callas, Kent State University
Brenda Cooper, University of South Carolina
Bertha Cutcher, State University of New York at Buffalo
Alfred DeGraff, Boston University
Rhona Hartman, HEATH/Closer Look Resource Center
Ann Kerby, Concordia University/Loyola
Veronica Leona, Northeastern University
Dottie Moser, Harvard University
Liz Neault, Northeastern University
Rubin Russell, Northern Essex Community College (Coordinator)
Andrea Schein, University of Massachusetts/Boston
Sandy Signor, Mount Wachusett Community College
Jimmie Joan Wilson, National Technical Institute for the Deaf
Jean Brennan Woods, Gallaudet College Extension Center for New England

The Convention Services Staff at the Hyatt Regency, Cambridge was absolutely outstanding. Some of the individuals of particular note were Kevin Haggerty, Alex Traugott, "J.R.," Cheryl Bonda, Suzanne Quinn and of course Noushig Hagopian, the woman who served as assistant conference photographer in addition to all her regular responsibilities.

Jean Gillespie, Boston, MA, provided the primary photographic record of the conference, much of whose work appears in these pages.

The printing of the program books and folders by RAM Printing of Plaistow, N.H. was truly first-rate.

AHSSPPE is grateful for Kurzweil Corporation's sponsorship of the folders, Hall and Associate's sponsorship of a coffee break and Harvard University's sponsorship of the opening night reception.

Northern Essex Community College received a plaque from AHSSPPE in grateful recognition of its generous support of AHSSPPE BOSTON '81 through its contribution of staff time, telephones, mailings, typesetting and printing, and virtually all media equipment used during the conference. For this, the Association is indebted to Betty Coyne, Director of Counseling, and Norman Landry, Dean of Students. The Northern Essex delegation at the Awards Banquet was led by President John R. Dimitry, and included virtually every Dean and many other members of the administrative staff of the college.

And last but definitely not least, it must be pointed out that the Awards Banquet was thoroughly enjoyed by all for two essential reasons: the thoroughly professional theatre provided by Next Move Unlimited, in their production, "Scenes on a Carousel;" and second, the ultimate wisdom of the Planning Committee in departing from tradition, planning a play instead of a "banquet speaker."

Rubin Russell
Conference Coordinator

ACKNOWLEDGEMENTS

AHSSPPE would like to extend appreciation to the following individuals and organizations for devoting their time and energy to planning and organizing the conference:

CONFERENCE PLANNING COMMITTEE

Maria Bacigalupo, Curry College - EXPO

Alfred DeGraff, Boston University - Registration/Housing

Janice LeClair, Mount Wachusett Community College - Registration/Hospitality

Veronica Leona, Northeastern University - Exhibit Area

Robert Matorin, Northern Essex Community College - Media Services

Dottie Moser, Harvard University - Resource Area

Liz Neault, Northeastern University - Adapted Transportation

Annamaria Pultorak, Quinsigamond Community College - Registration/Hospitality

Ellen Rubin, Boston University - Registration/Hospitality

Rubin Russell, Northern Essex Community College - Conference Coordinator

Andrea Schein, University of Massachusetts/Boston - Special Services

Sandy Signor, Mount Wachusett Community/College - Registration/Housing

Jean Brennan Woods, Gallaudet College Extension Center for New England - Interpreting Services

CONFERENCE PROGRAM COMMITTEE

Chet Avery, U.S. Department of Education

Maria Bacigalupo, Curry College

Gwen Callas, Kent State University

Brenda Cooper, University of South Carolina

Bertha Cutcher, State University of New York at Buffalo

Alfred DeGraff, Boston University

Rhona Hartman, HEATH/Closer Look Resource Center

Ann Kerby, Concordia University/Loyola

Veronica Leona, Northeastern University

Dottie Moser, Harvard University

Liz Neault, Northeastern University

Rubin Russell, Northern Essex Community College (Coordinator)

Andrea Schein, University of Massachusetts/Boston

Sandy Signor, Mount Wachusett Community College

Jimmie Joan Wilson, National Technical Institute for the Deaf

Jean Brennan Woods, Gallaudet College Extension Center for New England

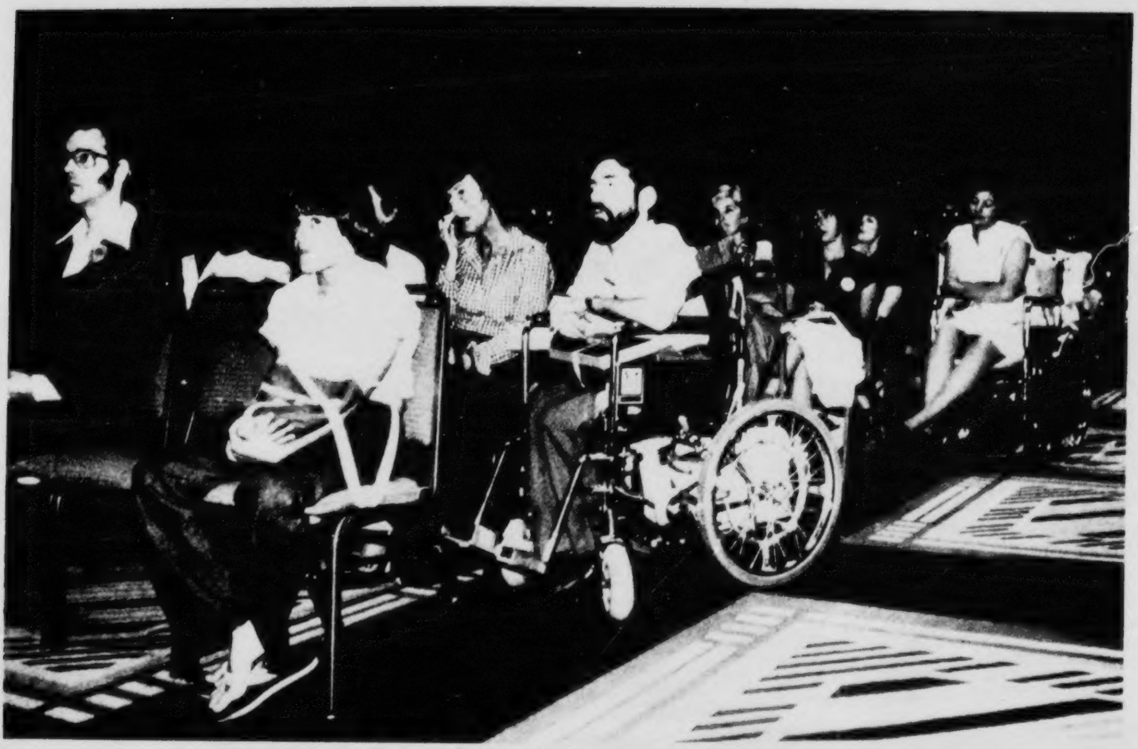
AHSSPPE BOSTON '81, AWARDS BANQUET, JULY 16, 1981, DURING PERFORMANCE OF PLAY, "SCENES ON A CAROUSEL,":

Dear Members of The Head Table,

I would like to say this to all members of AHSSPPE but I will settle for telling you. I'm only a freshman at Indiana University/Purdue University at Indianapolis, Indiana, but I have never seen anything that can do more to advance handicapped individuals than this organization. I have been to a few conferences around Indianapolis but all I see are a few AB's trying to get public recognition for helping a few "Crips."

To top it all with excellent and appropriate entertainment like this has made this the best experience of a positive nature that I have ever been to. I wanted to personally thank you.

George Holland
President, Disabled Student Organization
Indiana University/Purdue University
at Indianapolis, Indiana



Welcome to AHSSPPE Boston Conference, 1981

Janet K. Huss, President

On behalf of the Executive Council of AHSSPPE I would like to officially welcome you to the 1981 Boston Conference. We are delighted to see the number of participants who are attending for the first time as well as enjoying renewing friendships with those of you who have attended earlier conferences.

I would like to thank Rubin Russell, the Conference Coordinator, and his planning committee for their fine work. Al DeGraff, Janice LeClair, Annamaria Pultorak, Ellen Rubin, Sandy Signor, Registration and Housing; Jean Brennan Woods, Interpreting Services; Andrea Schein, Special Services; Liz Neault, Adapted Transportation; Dottie Moser, Resource Area; Robert Matorin, Media Services; Veronica Leona, Exhibit; and Maria Bachegalupo, EXPO.

The Association, as many of you know, sponsored a national conference for the first time on our own last year in Denver. We are proud to again offer to you a time to build a network with other professionals in the field, share and gather information through the sessions, and hopefully to leave Boston renewed and rejuvenated to return to your individual campuses.

The Association has grown rapidly in the last couple of years. In 1977 at the time of the charter, our membership numbered close to 50 individuals. We now number well over 500 and have representatives from all but two states as well as Canada and Puerto Rico. As we grow, the necessity to develop different ways of operating the Association and of communicating with the membership has become apparent. The Executive Council has asked the Program Committee for time throughout the Conference to meet with individuals who have concerns, comments, or ideas they would like to share. We encourage all of you to do this on an informal basis whenever you have a chance, but especially encourage you to participate in the special sessions tonight, attend the business meeting, and meet with us Thursday at 3 p.m. On Thursday, all of the Council will be available as well as those persons nominated for officers next year. Signs will be posted as to the place.

We continue to communicate through the newsletter ALERT, but are pleased to announce that a monograph is scheduled for release by January, 1982. Through efforts such as these and the Annotated Bibliography, the Association strives to meet your informational needs. Through the Information Referral Service and the Employment Exchange the Association hopes to assist in the networking which begins and is renewed at these conferences.

Again, I welcome you to the 1981 Boston Conference. My hope is that through the sessions you will acquire the information/knowledge you seek; that through the interaction with others you will continue to build a network of support among your colleagues which will be helpful to you in the coming months and years; that this Conference will be a time of renewal since the 1980s has not and will not be an easy time for post-secondary education generally and special populations specifically. The challenge for all of us is to be innovative, creative, and assertive as we work to increase and/or maintain the full participation of disabled students on our campuses. The Accessible Institution of Higher Education: it is indeed a time of opportunity, challenge, and response.

Thank you!

Janet K. Huss

Coordinator of Handicapped Student Services
Iowa State University

INDEPENDENT LIVING AND THE POST-SECONDARY EDUCATIONAL INSTITUTION

Lex Frieden, Independent Living Research Utilization Project (ILRU)

ABSTRACT

The independent living movement has had a substantial impact on the lives of many severely disabled people and on the whole society. Handicapped student service programs in post-secondary educational institutions have both aided this movement and been influenced by it. Now, the opportunity exists for post-secondary educational institutions and handicapped student service programs to contribute to the future growth of the independent living movement. This paper reviews the history and present status of the independent living movement and suggests some roles which handicapped student service providers may play in the movement's future.

Introduction

I am very pleased to be here and to have the opportunity to speak to you today. My speech this morning is on independent living, and it seems particularly appropriate to address this topic here in Boston--a place we associate so dearly with the freedom and independence of our country. I plan, during the next few minutes, to look at independent living by disabled people from several different perspectives. First, we'll look briefly at the subject from a conceptual and historical point of view. Then, we'll examine the present status of the independent living movement and review some possibilities and implications for the future. Finally, we'll consider the role of the post-secondary educational institution in the independent living movement, and the related role of independent living on the campus. I plan to save some time following my remarks for questions and discussion with the audience. Perhaps at that point, we can address the realities of the present political situation nationwide.

Independence and freedom are among the basic tenets of the American way of life. Our country was founded upon the principles stated in the Declaration of Independence, and we celebrate Independence Day, July 4th, every year.

We value every person's right to play a role in shaping their own destiny, and we make great sacrifices to guard and protect our freedom. Thus, the extension of the concepts and philosophy of freedom and independence to the treatment of disabled people in our society would seem natural.

However, when we examine the status of disabled people, and particularly when we look back into the past, we discover certain attitudes and practices predicated on beliefs which are contradictory to those of independence and freedom. We find that we, as disabled people, have been thought of and treated as helpless children. We have been sheltered, protected, and patronized. We have seldom been given an opportunity to speak on our own behalves. We have been segregated, and we have been institutionalized. We have been discriminated against, both intentionally and unintentionally, and we have been deprived of certain rights.

Some of us have been forced to stay at home and live with our parents long after becoming adults, because the services we needed to be comparatively independent were not available in the community. For similar reasons, others of us have been forced to live in institutions where we had few choices to make even simple decisions like what to eat, what to wear, and when to go to bed. Even those of us who have overcome the barriers to independence have discovered that we cannot benefit from some of the facilities and services which our tax dollars have built and operate.

History

After World War II, when people became more sensitive to human and civil rights, the contradictions between historical philosophies and ways of treating disabled individuals became more apparent. Disabled people, their families, and professional rehabilitation workers began to express their frustrations, and a growing group consciousness demanded progressive change in policies and programs. New theories relating to the treatment of disabled people began to emerge, and model programs designed to facilitate more independence by disabled people were proposed.

The normalization principle was adopted from Scandinavia by organizations working with mentally retarded individuals during the 1950s. As a result, many group homes and day centers were established as alternatives to large institutions. In the early 1970s, several new principles and ideas converged to effect major changes in legislation and policy relating to disabled people.

The concept of normalization for disabled people had led to de-institutionalization for some groups, and had been linked to concepts of equality, consumerism, and independence. The normalization principle suggested that disabled people should be treated in the least restrictive environment possible and that they should be helped to move from levels of dependence to those of less dependence. De-institutionalization was a means of accomplishing this goal.

The equal rights movement by disabled people was patterned in many ways after a similar movement by black people to overcome discrimination and segregation a decade earlier. Many disabled people considered themselves to be members of a minority group, related not by color or nationality, but by functional limitation and similar needs. Consumerism was having an impact on the whole society by causing providers of all sorts of goods and services to be more responsive and responsible to the users of their products. Citizen input was widely sought by both private and public policy makers and program administrators in all fields, including rehabilitation, where disabled people were at last called upon to represent themselves. Finally, disabled people began to relate to independence as a philosophical concept entailing not only physical access and functional improvement or restoration, but also freedom of choice and self-determination.

Many important changes in the treatment of and attitudes toward disabled people resulted from the open discussions and practical implementation of these theoretical concepts and idealistic principles. The de-institutionalization movement expanded and spread to groups of disabled people other than the mentally retarded. The Equal Rights movement led to strict legislation against discrimination and encouraged affirmative action by both the public and private sectors of society in removing barriers to disabled people in employment, education, housing, transportation, recreation, and so forth.

The consumerism movement brought disabled people into the decision-making process and led to the formation of self-help, advocacy, and political action groups at local, state, and national levels. Some of these groups joined together to form powerful coalitions like ACCD capable of influencing policy at the highest levels.

Recent developments

In the early 1970s, the independent living movement became more than a confluence of ideals and philosophies. It manifested itself in several separate, yet parallel, efforts to develop service programs which were based on independent living principles and designed to facilitate independent lifestyles for severely disabled people. These were community-based programs run primarily by consumers and set up to provide services frequently left out of the existing human service network. Starting with three such programs in 1974, there are now more than 170 independent living programs in the fifty states. Most of these programs are located in urban areas, and most of them serve persons with different types of disabilities including spinal cord injury, cerebral palsy, deafness, blindness, mental retardation, and others.

Residential and non-residential programs seem to be equally represented among existing programs, and several programs provide comprehensive services in both residential and non-residential settings. Non-residential programs average serving more than five hundred persons per year, and residential programs average serving nearly fifty persons annually. Most of the programs provide services of an ongoing rather than a transitional nature. Also, most of the programs emphasize information-type services and refer clients to other agencies whenever possible.

About half of the programs have a strong vocational focus and the other half have only an incidental focus on vocational issues. About half of the existing programs have a staff consisting of mostly handicapped individuals, and the other half generally are directed or managed by handicapped individuals. In addition to residential services, the services most frequently provided by independent living programs are peer counseling, independent living skills training, attendant care, advocacy, financial aid counseling, transportation, social and recreational activities, mobility training, and interpreter referral.

Most of the programs are independent, private, non-profit entities governed by a corporate board of directors who in turn employ an executive director to manage day-to-day program activities. Most of the programs depend on funds provided by federal grants as their primary source of financial support, and most of them have multiple sources of program income.

It is difficult to describe a typical independent living program, because the programs vary to a great extent from one to the next. The services which they provide and the way in which they are organized depend on the needs of disabled people in each community, on the availability of existing community resources, on the physical and social make-up of the community, and on the goals of the people who operate the program itself.

Perhaps it is sufficient to say that the way in which these programs are most alike is the way by which they differ most from established programs serving disabled people. That is, independent living programs depend on their consumers, disabled people, to establish program goals, while other programs serving disabled people have predetermined goals which the consumer must seek in order to receive services.

Independent living as a programmatic concept is clearly in an evolutionary stage. New programs are beginning every day, and old programs are changing as the needs of their clientele change. The number of programs has grown from three to 170 in six years. Additionally, the total annual investment in independent living programs and services has grown from about one-half million dollars nationally in 1974, to more than twenty-one million dollars nationally in 1981. Finally, the number of persons served by independent living programs has grown from about five hundred in 1974 to more than thirteen thousand in 1981.

Future

At this point, it is appropriate to look at the future of independent living programs and the independent living movement. What are the implications of these programs and this movement for the future?

As noted, the growth of independent living programs has been phenomenal during the past few years. Although the rate of growth for these programs may slow somewhat during the next few years, the expansion in terms of number of programs, number of people served, and amount of funding, will continue. In fact, it is expected that there will be as many as three hundred independent living programs in the United States by 1985. It is likely that more than one hundred thousand severely disabled people will be served by these programs. Finally, it is possible that as much as one hundred million dollars will be spent on providing independent living services to disabled people by 1985.

Although it is conceivable that all human service delivery programs may eventually become integrated to the extent that they provide suitable and appropriate services for meeting the needs of disabled people, independent living programs may still be viable sources of peer support, information, and education for disabled people. These programs are likely to be maintained as centers of community-wide advocacy networks of and for disabled people. This leads to a significant point.

More important than the future of independent living programs is the future of the independent living movement itself. This movement has already had a substantial impact on the attitudes of policy-makers and the general public toward disabled people and the treatment of disabled people in the United States.

We are now more than ever before involved in making decisions which affect our lives, both programmatically and individually. As individuals, we are involved in establishing goals for ourselves in vocational, educational, and independent living programs. Where we were treated more as children before, we are now treated more as adults. Where our views were ignored before, our opinions are now sought by policy-makers and program administrators, and in fact, some of these authorities are disabled people themselves.

So what about the future of the independent living movement? It is difficult if not impossible to be objective about the answer to this question. In order to have a free society, everyone, including disabled people, must be free to make certain choices. One must be free, within natural limits, to choose his or her own friends, and his or her own style of living. In the past, we have been denied these choices. In the future, we shall not be.

At this point, thousands of people with many types of severe disabilities have proved that they can live comparatively independent lives. They have overcome the stigmatizing effects of segregation and specialized treatment to become ordinary people living in ordinary communities and doing ordinary things. People who were living in nursing homes or with their parents due to their disabilities a few years ago are now working as teachers, newscasters, mechanics, lawyers, and doctors. They are living in their own homes, raising their own families, and generally being responsible for their own care.

In spite of our accomplishments in independent living, many thousands of people remain institutionalized and overprotected. Some of these individuals have chosen the style of life they lead, but most have not. They are waiting for the opportunity to acquire the information and skills which they need in order to become independent. They are waiting for resources in their communities such as accessible housing, transportation, and attendant care. Independent living programs exist in relatively few communities today, and in these they have only begun to meet the potential need for their services. Thus, many challenges lie ahead for the independent living movement.

Unfortunately, it appears as though our policy-makers and legislators are reacting to economic conditions in some ways which threaten the future of independent living. If federal support for independent living programs is withdrawn, if accessible public transportation is stopped, if housing subsidies are ended, if affirmative action is not required, if social security and veterans' benefits are cut, or if other needed support programs are disbanded, independent living will become practically impossible for severely disabled people. If fact, most severely disabled people who are living independently today are doing so on a thread of security. If even minor changes occur in the independent living service support network, many people will be forced to return to their parents' homes, and to institutions. Thus, the immediate future of independent living may be somewhat clouded.

Regardless of what happens to independent living in the near term, the concept has had and will continue to have a profound effect on the lives of severely disabled people. Many people who dreamed of independent living a few years ago are doing it now, and many others have been inspired to dream. For this, we should celebrate.

Opportunities for involvement

Now, you may ask: What is my role and the role of my institution in independent living and the independent living movement? Historically, handicapped student service coordinators, their programs, and the institutions with which they are associated have been outspoken leaders in the independent living movement. It is not clear, in some cases, whether they did so because they had to or because they wanted to; but nevertheless, colleges, universities, and other post-secondary institutions have been among the first institutions in our society to create independent living environments where severely disabled people have free access in both a physical and an attitudinal sense, and where necessary supportive services are provided so that they can utilize and benefit from this access.

Some of you and your schools have been involved in starting community based independent living programs. You have served on boards and committees, provided consultation, and done research to assist the development of many programs. You have pilot-tested and demonstrated the feasibility of attendant care programs, reader services, and interpreter services. You have begun to recognize and meet your responsibilities to both your students and the communites you serve.

Many new ideas to complement and promote independent living are being tried at some of your institutions today. These ideas include certificate training for attendant care providers, independent living skills training programs for past, present, and future students, and professional degree programs for people who want to work in the independent living field. In addition to new programs, continuing research and technical assistance is being done by many of your institutions to support the independent living movement.

In the future, those of your organizations which have not already done so must become models of accessibility for the community. Furthermore, all of you should work on developing new and imaginative ways to help disabled people reach personal goals of independence, both on and off campus. Disabled students should be recruited more aggressively. Supportive services which allow more flexibility and adaptability should be designed. Information about the needs, rights, and abilities of handicapped individuals should be incorporated into curricula at all levels. Opportunities for practicing independent living skills while pursuing vocational and educational goals should be built into the overall programs of your institutions.

You may have already begun to pursue some of these ideas in your own programs. In doing so, have you considered the implications of the independent living philosophy to your actions? Have you based your plans and efforts on the implicit principles of the independent living concept? Have you realized the need to facilitate self determination by involving disabled people in developing and implementing new programs? Have you effectively used consumer groups in determining service needs, establishing program goals, and monitoring outcomes? Have you restricted your efforts to serving students in your institutions, or have you begun to provide independent living services to people before they come and after they leave your institutions? Have you coordinated your efforts with existing independent living programs?

The theory of independent living and the independent living movement do indeed have significant implications for colleges, universities, junior colleges, community colleges, and other post-secondary educational programs. Many of these implications may be gleaned from the preceding comments and rhetorical questions. However, one important implication of independent living to the post-secondary educational institution has largely been overlooked. To put it quite simply, school is much, much more than reading, studying, and graduating.

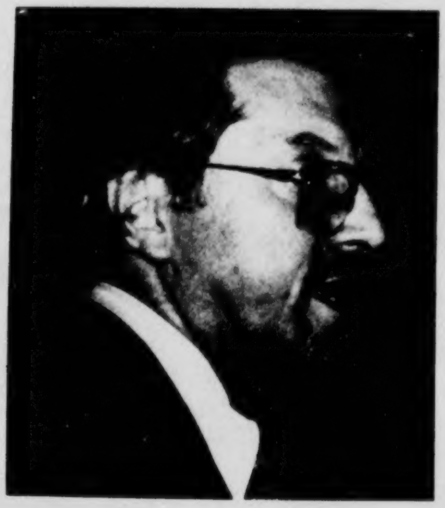
Many handicapped student service programs concentrate on the academic aspects of the educational experience. Many programs assure access to classes, libraries, work sites, laboratories, and student housing; but few assure access to student groups, social organizations, neighborhood taverns, and recreational facilities. We should challenge the notion that extra-curricular activities are not an essential part of the educational experience. We should avoid the tendency to view the need for providing access in these areas as secondary to other needs.

There are two basic components to the meaning of independent living. These are assuming responsibility for your own life by making decisions; and being involved in the mainstream of life to the extent you choose. Certainly, many educational institutions encourage and facilitate decision making by the people they serve. On the other hand, relatively few of them encourage or facilitate the involvement of their disabled students in mainstream social activities either on or off campus.

By realizing the implications of the independent living philosophy to your own programs, and by actively working to support the independent living movement, you can help promote the integration and eventual inclusion of disabled people in all aspects of life, including those areas of personal growth and social development which are sometimes discounted. You can assist in breaking down barriers to socialization by helping to make extra-curricular programs accessible, and by systematically trying to effect positive attitudes by existing social groups toward disabled people. You can work for the inclusion of disabled people in fraternities, sororities, student government, service clubs, and so on, by advising students to join these groups, and by encouraging these groups to actively recruit disabled people into their membership. By making Handicapped Awareness Day an every-day affair, you can develop the perception of your own program as a change agent within the system rather than a service unit meeting demands only on request.

Independent living holds great promise for disabled people, but more than that, it holds great promise for all people in society. In order to effectively address the needs and problems posed by disability, society must assimilate us, meet our needs in an ordinary manner, and stop regarding us as special people with exceptional needs and problems. When disabled people have achieved independence, our individual problems will be treated in the context of the whole society. We will be just as independent and just as dependent as everyone else.

The International Year of Disabled Persons



THE INTERNATIONAL YEAR OF DISABLED PERSONS: THE OUTLOOK FOR HANDICAPPED SERVICES IN THE UNITED STATES

Frank Bowe, Frank Bowe Associates, Inc.

ABSTRACT

Events in Washington, New York, and state capitols throughout the nation indicate that persons administering programs offering direct services to disabled individuals must begin planning now to focus efforts squarely upon employment of students and clients subsequent to completion of training. Industry is eager as never before for qualified handicapped applicants. Handicapped student services specialists on the campuses of the nation's colleges and universities need to look, too, to possible cooperative training programs sponsored in part by the local and state businesses and in part by government. If these two steps are not taken, drastic curtailments in the scope and quality of handicapped student services may well result. How well AHSSPPE and its members meet this vital challenge will go a long way toward determining how adequately disabled people are able to cope with the dramatic changes now taking place in our society's expectations toward and from government on all levels.

Good morning. I am pleased, really pleased, to be able to join you in Cambridge for this Fourth National AHSSPPE Conference. It is good to be here. It is good to be anywhere outside Washington! Seriously, for me to be able to join Janet and the rest of you here is something I've looked forward to for some time. You are, like me, people who believe in finding, tapping, nourishing, and developing people's abilities. For you, what counts is not what is wrong with someone but what is right about that person, what a person can do, not what he or she can't do. Knowing that you are meeting together here to share ideas and information, to help each other, to solve problems, and to plan for the challenges we all face is for me deeply reassuring and comforting. I know that your meeting will be an important event---and I am pleased to have the opportunity of playing some small part in this Fourth National Conference.

This year is, as you know, the International Year of Disabled Persons (IYDP-1981). There are some who tell me how very ironic it is that the budget cuts being made in Washington are slashing our most vital programs. It is more than ironic---it is very mistaken, short-sighted, and tragic. Members of Congress and officials in this Administration have not yet understood what they are doing. Nor has the American public. Fully half of all Americans express no opinion on the budget cuts simply because they do not yet understand them. When they do---when people like yourselves explain carefully, clearly, and dramatically what these cuts really mean---we will see restoration of many of the cuts. Until then, however, we face a bleak short-term outlook. The coming academic year will be a difficult one. The 1982-1983 year will be even harder because of cuts made this summer in student loans, vocational rehabilitation services, education generally, and other vital programs.

Let us face up to the immediate problem: How do we get through the next few years? I know that you will not sit back now, throw up your hands in resignation, and let come what will. You are too professional for such negative thinking. Rather, I know that your response will be a strong, active, and positive one. You care---deeply. You know that what you are doing is important, worthwhile, cost-effective, and something the American people will support. You came into the work you are doing because of your knowledge, beliefs, and convictions that timely assistance can help a person with a disability become a self-supporting, tax-paying, independent individual with abilities that employers want and need. You had a dream, a vibrant one, that by doing the kind of work you are doing, people who might otherwise live lives of quiet desperation will be able to assume their rightful places in our society as contributing, productive citizens.

So what can we do to get through the next few years?

Let me mention three steps---just three. Do these, and we will advance our cause, serve our students, and help America in important and vital ways.

First, tell your story. The media will listen this year because of the "news peg" IYDP gives you. Congress will listen because it is acting precariously just now, trying to sense what the American people really want. Employers will listen because their demand for workers is rising while the supply is falling.

Get your facts together. What has happened to the students you served---how many are working now, how much are they making each year, how much are they paying in income and social security taxes, what kinds of contributions are they making to their communities, states, and nation? What were your costs in providing the services you make available? And how do these costs (investments) compare with taxes now paid by your former students (return on investment)? How many of your students previously were on public assistance of some kind or other but now are on payrolls? This is the kind of information you need---and you need it now.

Second, talk to employers about their workforce needs. Precisely, what are the workforce requirements local and state employers foresee four or five years down the road---and how can your programs, your colleges and universities, help them meet these needs? You need this information to help guide your students toward occupations which will have high-demand, low-supply characteristics when they are ready for employment. You need this information to help you plan your handicapped student services programs, designing your offerings so as to help students qualify in every possible way for employment by understanding the expectations of industry far ahead enough to be able to acquire the skills and traits employers want. And you need this information for one more thing---helping to secure private financial support for your programs.

Third, set up cooperative training programs and projects. Industry will help you finance programs training the kinds of people they need. In this way, business helps to generate its own supply to meet its own needs and demands. It pays industry to pay you. And you will need that support to maintain the high quality services your students deserve in the years to come, particularly in the next several years when public monies will become increasingly scarce.

Is industry really interested? Based upon my work with a number of private corporations, including AT&T and Xerox, the answer is, "Absolutely!"

In the 1970's, industry absorbed the huge "baby boom" generation that was just coming into the labor market---and the large numbers of women who were entering or re-entering the workforce. That was a remarkable accomplishment for business. Yet today, with demand still rising, the "baby bust" generation is coming on, producing a serious shortfall of applicants. Industry needs many, many more people, especially in data processing, computer programming, and similar fields. Students training to work in information, financial, and commercial fields will be in high demand. Industry is also now getting really serious about handicapped employment. They are beginning to understand such difficult ideas as reasonable accommodation, qualified handicapped individual, and the like---and to master the difficult art of outreach and recruitment with this population, the challenging job of designing assessment and placement policies to help people with disabilities rather than penalize them inadvertently, and the always hard task of eliminating subtle attitudinal barriers among employment managers and supervisors.

Xerox is now concentrating upon recruitment of key persons on college and university campuses. That is an important priority for the company this year. And Xerox is committed to equal employment opportunity on behalf of disabled persons. The company is one of the major sponsors of U. S. activities observing IYDP. It owns the Kurzweil computer firm that manufacturers the machine that reads text out loud in a synthetic voice for the benefit of blind individuals. And it is now further enhancing an already-strong affirmative action program for employment and advancement of persons with disabilities. In the coming months, you as handicapped student services specialists may hear from Xerox campus recruiters inquiring after handicapped college students who might be interested in careers with a major high-technology corporation.

AT&T, too, is actively promoting IYDP and stepping up its employment efforts to attract and advance in employment persons with disabilities. The company wants to hire more disabled individuals this year than were hired last year, despite a recent hiring freeze imposed by uncertainty in Washington with respect to the company's future role in telecommunications technologies. When that freeze ends, which may be quite soon, AT&T **will** be hiring thousands of people, many of whom will be individuals with disabilities. Even now, the Bell Operating Companies around the nation are gathering a pool of qualified individuals who will be called for jobs when the freeze is ended. And despite the freeze, some persons are being hired now for jobs that the companies have a continuing need for, such as salesmen of telephone equipment and devices.

I could give you more examples, but two should be enough to illustrate the fact that employment of disabled persons should step up during the 1980's. For persons who find jobs in industry, this will be a good period. For those who do not, however, particularly those who are so severely disabled as to be unable to work competitively, the 1980's look truly bleak. Public services will be curtailed or maintained at growth rates below that of inflation. Eligibility and qualifications requirements will become tougher for those public programs that do survive, even as the benefits received are reduced. It will be a hard time for those who are not able to care for themselves.

The challenge could hardly be more evident for all of us in this room. We can help many thousands of disabled persons get secure, well-paying, productive, and satisfying jobs. Or we can watch helplessly as many endure great pain in lives of quiet desperation. And handicapped student services programs can continue to grow by tapping new sources of revenue and support---or they can dwindle to a fraction of their potential and performance.

This year, IYDP, may mark a period in which we, all of us in this room, looked again at what we were doing and sought to obtain as broad support throughout our society as possible, from private as well as public sources. It may mark a period when we worked hard to help our students prepare for the single most important step that made the difference for them between a life of dependence on others and one of genuine independence. It may mark a period in which we saw a true realization of the dream that brought us into our work---that our timely assistance can help many persons with disabilities become workers with abilities.

Or it may mark a period in which misguided legislators in Washington all but destroyed higher-education opportunities for disabled persons. It may mark the end of the four-year history of this Association, simply because if there are no such programs on our campuses next year or if only a few weak and financially strapped programs survive, this body would lack the resources and reason for being it needs to continue and to grow. And it could mark a tragic turning back of the clock on rights and services for disabled persons generally.

Which future will we see? What will the International Year of Disabled Persons bring when all is said and done? We have before us a sharply defined choice. And we must make that choice.

Each and every one of you must act to make this year a year of progress and advancement, a year of excitement and triumph, a year of opportunity and achievement.

Will we surrender to the forces of ignorance?

Will we resign ourselves to the inevitability of decline?

Will we assign control of our destinies to the David Stockmans of this world?

Will we design a world for our students, our friends, and ourselves that denies us a chance to become more than merely objects of pity and recipients of charity?

I say no. And I know you do, too. I know you too well to think even for one moment that those of you in this room will foresake your dreams, your goals, your ambitions, your beliefs, and your convictions just because we are in for some hard times in the next few years.

And when wasn't it hard?

Was it easy when we got section 504?

Was it easy when we pushed through P. L. 94-142?

Was it easy when you and I put in twenty, thirty, even forty years of sweat and tears to prove to ourselves and to others that life didn't end when disability struck?

Was it easy when we set up those handicapped student services programs on campuses where those in charge seldom even understood what we were there for?

Was it easy to find transportation, housing, notetakers, interpreters, readers, and other services disabled students need in order to be able to concentrate upon what college is all about---getting an education?

I say no. And I say that each of you in this room has overcome barriers higher than those Washington wants to build today. Each of you has faced adversity more severe than that which awaits you in the years to come. You have done it before---and you will do it again. You will get your facts together about costs of services and benefits to society. You will speak up about your programs and about the abilities and potential of your students. You will sell your programs to new sponsors, attracting vital new sources of support and revenue. You will help your students get ready for that job that alone will protect them against the ravages of this coming decade on public assistance programs.

You will not give up on that dream that brought you into this work. And you will not defer that dream until some "better time," when "the climate is better," because you remember Langston Hughes: "See what happens to a raisin in the sun, and a dream deferred too long."

No. You will cling to that dream, that spark, that flicker of hope, and belief, and determination. You will reach out a hand one to another, and grasp the hand of one another. And then the dream will never die.

OUR NATIONAL POLICY ON DISABILITY

Elmer C. Bartels, Massachusetts Rehabilitation Commission

In this International Year of Disabled Persons we can celebrate our successes, assess our problem areas, and chart the future of our network of federal and state programs which constitute a national policy on disability.

For purposes of definition, "handicapped person" means any person who: has a physical or mental impairment which substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. This definition comes from Title V of the Rehabilitation Act of 1973 (P.L. 95-602).

It is the national policy to provide a monthly check to handicapped people who cannot work. From the recipient's point of view, this is money to purchase the basic essentials of living. From a federal perspective these payments are called transfer payments because they transfer wealth from one sector of the public, the taxpayers, to another sector which needs the financial support. Income maintenance, as these checks are called, is implemented through the Social Security program. The Social Security Disability Insurance (SSDI) program is for individuals who have been in the work force and the Supplemental Security Income (SSI) program is for those who have no financial resources and who are not SSDI eligible. At the state level, General Relief supports those who have no financial resources and who may be disabled for a short term (less than one year) and are not eligible for SSI. The essentials of living are provided through these programs. In the private sector, workmens' compensation supports those who become disabled on the job through monthly payments and/or settlements.

It is the national policy to provide Medicaid and social service support for handicapped people on income maintenance programs. Medicare supports those who are on SSDI after a two year waiting period, Medicaid supports those on SSI, and state funded Medicaid programs support medical needs of those on General Relief. People on workmen's compensation have medical needs covered by the insurance carrier. Eligibility for SSDI, SSI, and/or General Relief brings, in many cases, eligibility for food stamps, subsidized housing, and social services under Title XX.

It is the national policy to help handicapped people whether on an income maintenance program or not, to become financially independent through work. The federal Rehabilitation Act provides a federal/state program of vocational rehabilitation with the specific mission of helping handicapped people enter or reenter the work force. The Social Security Act further defines a vocational rehabilitation program specifically aimed at people on SSI and SSDI by providing funds to the state to rehabilitate SSI and SSDI recipients. Under these combined federal programs, the Massachusetts Rehabilitation Commission has placed 5-6000 handicapped people into the Massachusetts workforce annually over the past five years. This vocational rehabilitation program returns $11 to the federal and state treasuries through taxes paid for every $1 spent on rehabilitation services. The Rehabilitation Commission and the Commission for the Blind are the state agencies which administer the federal rehabilitation program. In 1981 and in successive years, both agencies combined will help more than 5000 handicapped people to get into the work force depending on the availability of federal and state monies.

The federal Education for all Handicapped Children Act is a program to assure that handicappped children have an education to suit their abilities. This program serves as a base to help handicapped children become adults who can make the best possible contribution to society. In reality, young handicapped people enter the world of work directly or through the federal/state vocational rehabilitation program. Last year at least 3,000 students graduated from special education programming in Massachusetts. They either continued their education, entered the work force, or began alternative programming.

The much maligned Comprehensive Employment and Training Act (CETA) provides job training for disadvantaged people. Over $1,000,000 worth of training was provided for handicapped people in Massachusetts leading to skilled jobs in the private sector. CETA Prime Sponsors and Subgrantees are focusing on the needs of handicapped citizens in collaboration with the Rehabilitation Commission.

It is the national policy to provide incentives for handicapped people to enter the work force. The income maintenance programs under the Social Security Act provide for:

- A trial work period up to 24 months before income maintenance is completely terminated.

- No second two year waiting period for SSDI recipients who go to work and must subsequently return to SSDI due to medical reasons.

- A self support plan under which an item may be purchased to enable an individual to enter the work force and retain employment. Such items include automobiles, tools, etc.

- Automatic re-entitlement to SSI within one year of beginning work if one is unable to work.

- Medicare coverage continuing for three years after beginning work.

- Impairment related work expenses are deducted when determining whether one is eligible for continued cash benefits. Expenses include medical devices and equipment, attendant care, drugs, and services related to the impairment.

The focus of the payment requirements on encouraging handicapped people to enter the work force provides an incentive to become financially independent through work and depart from the income maintenance program. It is often the Medicaid, Medicare, food stamps, and housing subsidies which greatly affect the handicapped individual's decision to enter the work force at the entry level, before the employer's group insurance or the employee's income can replace these expenses of living. For example, medical expenses for a diabetic or hemophiliac costing a few thousand dollars annually can make it financially impossible to go to work, for fear of losing the income maintenance and more importantly, the Medicaid support needed for medical expenses.

It is the national policy to provide an environment which encourages handicapped people to live independently as fully contributing members of society. Collectively Title V of the Rehabilitation Act of 1973 (P.L. 95-602) and relevant state laws concerning architectural barriers and discriminating against handicapped people, federal and state governments attempt to provide a positive attitudinal and architectural environment. Title V of the federal act provides for:

- Equal employment opportunity for handicapped people in federal jobs and Affirmative Action on the part of private sector employers who have contracts more than $2,500 annually with the government, in the employment of handicapped people.

- Equal program and employment access for private and public agencies who receive federal grants for handicapped people.

- The existence of an Architectural Barriers and Transportation Barriers Compliance Board to assure a physical barrier free environment in federally funded facilities.

These requirements are a strong statement on the part of Congress to assure that handicapped people are provided access to the American Dream.

Many states, including Massachusetts, have laws requiring barrier free access to publicly and privately funded facilities open to and used by the public. The provision of ramps, curb cuts, accessible toilets, wide doorways and braille symbols are signs of positive changes in our physical environment. Massachusetts has gone one step further and changed the Constitution to indicate that it is unlawful to discriminate against handicapped people on the basis of their disability. This constitutional amendment was overwhelmingly approved by Massachusetts voters at the same time that Proposition 2½ was passed. Thus, one can be assured that the citizens want handicapped people to have an equal share in society.

In this International Year of Disabled Persons, handicapped people have much to celebrate. Massachusetts is a leader in providing handicapped people with opportunities for financial independence and independent living. This state's long history of deinstitutionalization, although rocky, has provided mentally ill and retarded citizens new access to community living. Under federal funding, physically and multiply disabled people are living independently in the community and most are working.

In the book Rehabilitating America by Dr. Frank Bowe, a point is made that federal policy must continue to assure that handicapped people be provided with an optimum opportunity to live independently and work if feasible. With the growing number of handicapped and elderly citizens, the federal government cannot afford to support people in a dependent situation when low cost alternatives are available. The national policy summarized above, points in the proper direction because this country cannot afford to stop investing in people. The years which follow the IYDP-1981 appear to be crucial as America redefines the role federal government chooses to play in investing in handicapped people, whether it be in education, rehabilitation, a barrier free society, or income maintenance programs with an incentive to live more independently.

About the Author:

Elmer Bartels has been the Commissioner of Rehabilitation in Massachusetts since 1977 when he took a leave of absence from Honeywell Information Systems where he was a department manager in computer software development. Married with two children, Bartels has been actively involved in state and national issues around disability for over 20 years. A graduate of Colby College in Waterville, Maine, Bartels holds two honorary doctorate degrees (from Colby College and Tufts University, Boston, Mass.). Add to this an extensive list of disability and electronics related publications and a nationwide reputation as a leader in addressing the issues related to disabilities.

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HELPING FACULTY TO MANAGE SUPPORT SERVICES IN THE CLASSROOM: A POSITION PAPER

Fred L. Wilson, National Technical Institute for the Deaf

ABSTRACT

Chief among the traditions of higher education seems to be screening out those who are judged the "can't make its." The method is generally that of focusing on the performance of the norm rather than the individual student. This is ironic since teachers generally want people to learn their subjects. Non-traditional students can be helped to learn if teachers are helped to manage the process of individualization of instructional programs for students and to take on the responsibility for the provision of appropriate support services. Support personnel will have to become less clutchy and become effective in helping faculty to achieve the desired goals instead of trying to accomplish everything themselves.

HELPING FACULTY TO MANAGE SUPPORT SERVICES IN THE CLASSROOM: A POSITION PAPER

Those of you who are faculty -- I want to challenge you to the very roots of our traditions. To those of you who work with faculty, I want to try to convey to you an understanding of why we faculty are like we are. For us all I hope we can see ways to attain cooperative ventures to accomodate non-traditional learners through the faculty management of support services in the classroom.

I am a faculty member -- a teacher -- in an institution of higher education. Through my career in various institutions it has become increasingly clear to me that the traditions of higher education are among the most firmly entrenched in the United States. Harvard College (now Harvard University), established in 1636, was one of the first formal institutions established in North America. The U.S. today has more than 11,500,000 students and 820,000 faculty in higher education, and almost all are expected to function in the hallowed traditions passed down through not only decades but centuries.

Chief among the traditions seems to be screening out those who are judged the "can't make its" in higher education. This is done by a variety of techniques, but all fall within the rubric of focusing on the performance of the norm rather than the individual student. A severe case of cerebroclerosis -- hardening of the intellect -- seems to have infected some of us who are charged with the delivery of the benefits of higher education to our nation. The foremost indicator of an infection of cerebroclerosis is the inability to focus on the individual learning needs of students. It is also accompanied by a form of hedonoptica -- seeing only what is pleasing to one's own ideas.

This is ironic since, above all else, a teacher is one who should want people to learn. People learn best when teachers find the best methods of teaching. Finding better methods implies the necessity for change to occur. The best opportunity for change in higher education is with faculty.

Some of us have finally begun to realize that democratization of learning -- a relatively recent realization, I might add -- probably means that our traditions are not only inappropriate for many would-be learners but even militate against the goals we have for the larger population. This is even more ironic, for we faculty have always thought that we did such a fine job. After all, what could be wrong with a system that produced me?

Business as usual presents several major problems to accomodating non-traditional learners -- those who society has labeled "handicapped". For some arcane reason it is traditional for me to forget an appointment or to be confused as to where I left my car -- folks smile and make jokes about the absent-minded professor -- but it is not all right, apparently, for a student to be in higher education (traditionally) who has difficulty getting up stairs in a wheelchair. One with language difficulty obviously is not a candidate for higher education.

Accomodating the non-traditional student demands individualizing the educational process. It is that and that alone that we must learn to do. Everything follows from this principle. All problems are related to achieving it. That is what we want to investigate. That is what we want to demonstrate. That is what we want to solve here.

Lest we fall back on arguments of academic freedom to excuse the faculty from making changes to accommodate these students, let's disabuse ourselves of that idea immediately. Higher education is no longer a "seller's market." Competition for students is stiff and is becoming stiffer. Survival of many institutions depends on their finding new clientele not supplied from the traditional sources or with traditional qualifications. The survival of many faculty members as such may depend on their institutions bringing in non-traditional learners and meeting their needs. If one has no students there's little point in maintaining one's academic freedom.

Moreover, it is a law. Section 504 of the Rehabilitation Act of 1973 clearly mandates the responsibilities of institutions. Court cases at all levels since the enactment of the law have further clarified that responsibility. Academic freedom, as a right, cannot take precedence over the more basic human rights spelled out in the Rehabilitation Act.

Thus we must change. We are in a new era. We must change because we first are teachers and want people to learn. We are excited about our subjects and want as many people as possible to have the same excitement about it as we have. Second, as faculty we are demanding democratization of our institutions and that must extend also to the student body. Thirdly, our survival depends on a continued student flow and that in large part will have to come from non-traditional students. Fourthly, it is the law and a fundamental human rights question. We must respond not only from the active pursuit of self interest but in response to legal mandate.

Nevertheless, three major problems continue to frustrate attempts to accommodate the non-traditional learner in regular (a euphemism for traditional) classrooms.

The first major problem is the attitude of faculty and administration toward accommodating to individual needs of students. The history of education suggests that the system demands the commitment, not the student. The onus for achieving is on the student. The responsibility of administration and faculty, as understood traditionally, is to provide an excellent institution, recognized for its scholarly accomplishments, research, number of Nobel laureates (and, of course, its national championships). Students, of course, will be drawn to such excellent institutions and it is their responsibility, traditionally, to perform. The individual differences in students, in general, are dealt with, not by individualized programming, but by specifying grades, exclusion from the system due to inability to meet system entrance requirements (or achivement requirements), or by ascribing a "pass" or "fail" to student performance. Individualizing programs, which is not at all a traditional idea, would require a drastic change in attitudes to place onus on the system to promote student success. This demands of us the corollary change of focus on the individual needs of students versus the traditional focus on the sieve used to strain out those who "don't pass muster." If a teacher believes a student will learn, he probably can. The opposite is certainly true.

The second major problem is the vested interests of faculty. Chauvinistic allegiance to methods, systems of teaching or methods of presentation, and teaching techniques, stand directly opposed to the flexibility required to implement individualized programming. To advocate a single method is to deny that students are in any way different and is tantamount to treating them as clones. Moreover, the argument has been advanced that most faculty don't know (or care) about how to teach traditional students, nevermind the non-traditional student. Institutions acquire their faculties from Ph.D. training programs, that teach one to do research, then send them out to teach in an atmosphere that often views teaching as a necessary nuisance. No doubt this is true of many institutions. I cannot accept its general validity but it is one aspect of the problem that has kept non-traditional learners in miniscule numbers in large research-oriented institutions of higher learning.

The third major problem is the demand on flexibility and for observing and treating educational problems ranging from medical characteristics, mobility requirements, and language development which go far beyond the preparation that usually suffices in a traditional institution. One cannot minimize the traditional attitude that anyone worth anything is an able-bodied person who will never get older, inform or less able to perform. Some changes, especially toward physical accessibility to the campuses have been made, and yet there is a long way to go. But, and I emphasize the word, physical access is not equivalent to access to learning. The faculty and administration must be prepared to deal with identifying, diagnosing, treating, evaluating, and modifying programs for each learner. If they are not, or do not have the skills to do so, then an invisible but practically impenetrable barrier is set up for the non-traditional learner regardless of physical access to the specific classroom.

In attempting to resolve these problems -- and I believe that any problem a non-traditional student encounters can be put in one of these three categories -- support service persons have fallen into the trap of trying to provide themselves what the institution must be providing. In fact, if the institutional process does not come to provide for the non-traditional learners as a matter of course, then these learners will continue to play "catch-up" ball, remaining second class in the institution regardless of the dauntless efforts of the most skilled support personnel. Resolving any problems arising from dealing with individualizing educational programs -- and that is what I am really arguing for here -- is based on incorporation of the program within the system rather than treating the solution as an "add-on" to existing methods. The system must realize that it is not an "either-or" situation. It is more a change of focus, from the servers toward the served. The most important thing support service people can do is to train faculty and administration to provide services. Actual provision of services is their least important function.

The elements of individualized programming -- identifying and diagnosing, treating, evaluating and modifying -- can be implemented and problems resolved if the educational system will direct itself to three major efforts. These three major efforts are elements of achieving the overarching goal of individualized programming.

First, we must all realize that new kinds of people are required in the educational process. Individualized programming is analytical in orientation. By that I mean that an analytical bent is required for considering the individual needs, and measurements of progress, rather than directing attention to the "norm". Identifying and diagnosing means bringing together a variety of persons with varied skills to evaluate and prescribe appropriate educational procedures. This can hardly be done without the learner or the faculty members who will deal with the learner. And we must never assume that all those who need special help know that they need help or that they know specifically what they need. But they must be involved too. Administrators must change, or we must find a new breed. What is needed is administrators who, as a matter of course, marshall resources to support appropriate programs. There is a "janus" aspect to this also. For while the analytical approach is absolutely essential, a growing awareness must develop that we are teaching people to act in ways different than before they attended the courses of study we offer. We are not teaching minds only and we are certainly not teaching subject matter. While we must be analytical we must also become more holistic.

Secondly, all involved personnel, in the school, the public served, and the support staff, must develop a new orientation to individualization. Rather than developing programs in which individualization may or may not fit, skillful, systematic institutional planning must come to the fore. Planning is the sine qua non for success with individualized programming.

Thirdly, the techniques and tools of objective measurement must be acquired and used. Closing the circle of the individualization process is evaluation and modification of the "prescription". Without objective measurement,there can be no evaluation appropriate to the needs of a student.

Let me recapitulate the principles established so far:

1. The process of individualized educational programming is: identifying and diagnosing, treating, evaluating, and modifying the program.
2. Implementing the process requires three major efforts: incorporation of new people with analytical skills, a base orientation to focus on the student and his or her needs, and implementing objective tools and techniques of measurement.
3. The onus for achievement must be placed on the school, not on the student.
4. The goal of individualized programs should be maximum attainment of the student's potential instead of training to function in a "hearing" or "sighted" or an "aplegic" or whatever world.
5. A variety of disciplines are required within and without the educational system to accomplish individualized planning and these disciplines should include medical and language professionals, lay people, rehabilitation personnel as well as faculty members and any other disciplines indicated.
6. Fundamentally, a successful educational program addresses each student; individualized educational programming is a process that seeks to accommodate the individualized differences of students so that each is able to realize his or her potential.

"All very well and good", you may say, "but the kind of cooperative (and expensive) ventures you propose seem to stand little chance of implementation. What about the real world of the less-than-ideal situations that I face?"

I can only offer what I have experienced at an institution that in its 150 year history had been virtually unaware of the needs of handicapped learners. In the last ten years many of us faculty have learned to face real problems and reduce or eliminate them. Doing this in a real situation requires four things:

1. Support people must understand better how faculty work and think and the value system(s) under which they operate -- seeing them less as "enemy" and more as "client".
2. Support people must gain a better grasp of how they can help the faculty and become recognized as key components of the classroom.
3. Faculty members must learn that they do not have to sacrifice quality or "water down" materials or find their "teaching style" is dramatically changed (although for some that in itself might be a desireable goal.)
4. Faculty must understand better that accommodating differential learning needs, contrary to being more work and that alone, will, on the average, make them much better teachers.

To real and "less-than-ideal" situations, we now wish to turn our attention and discover ways these principles and concepts can be put to work for us all.

REACTION TO WILSON'S PAPER

Rhona C. Hartman, HEATH/Closer Look Resource Center

ABSTRACT

The concept of democratization of higher education is explained, growth of non-traditional student body is noted, and concept of individualization of education process is redefined in terms of the above.

REACTION TO WILSON'S PAPER

I plan to take this opportunity to expand on a few ideas which Fred L. Wilson has raised in his paper, "Helping Faculty to Manage Support Services in the Classroom: A Position Paper." These include the concept of the democratized higher education system, the growth in population of non-traditional students on campuses, as well as the idea of individualization of the educational process.

Democratization of higher education institutions is more than an idea which some have come to realize. Democratization in fact has been encouraged over the years by the federal government through the establishment of land grant colleges, the GI Bill, expansion of the loan and grant programs, and the various civil rights regulations. In addition, state and local governments have allocated increasing amounts of money to the development of colleges, universities, technical institutes, and community colleges to meet the growing demand for skilled manpower. It has been the "will of the people" which fostered the legislation which enabled the postsecondary institutions to grow in diversity if not in tradition. Over time both public and private colleges and universities have expanded to meet the new demand and thus have come to include a less exclusive group of students than those in the days of John Harvard. The fine mesh screen has been exchanged for a sturdy collander. Colleges have been admitting a more and more diversified student population, but the teaching profession and campus administrators may not have prepared themselves for the changes. Wilson points out that many faculty still teach as if the student population were homogeneous when, in fact, it is not.

Students today are no longer overwhelmingly 18 to 23 years old and the upper quarter of their high school class. There are many types of "non-traditional" students attending American colleges and universities today. Not only are some handicapped, but some are women returning to school after childrearing, adults of both sexes are retraining for new careers, older adults are seeking the education denied them in their youth, underprepared urban minorities are seeking a path toward upward mobility, and veterans are returning to campuses with a new maturity and direction. Some students now go to school part time and many are on campus taking non-credit courses. All of this is especially true in public institutions and particularly true in community colleges. My point in bringing up the other non-traditional students is that the value of what Wilson has to say about how institutions and faculty must accommodate the needs of disabled students is more far-reaching than he discusses. What he says can really be said about accommodating all non-traditional students, thus it is the universality of Wilson's remarks which makes his paper so important.

Because of the vast array of non-traditional students who do in fact populate American campuses, faculty, administration, and staff must make an effort to understand their audience and utilize approaches in their teaching and policy making which will be meaningful to the diverse (rather than traditional/homogeneous) student body. That is, if the institution makes a commitment to having a diverse student body, then it has an obligation to utilize methods which will achieve the objective of maximizing a student's understanding of the essential elements of a course of study without lowering standards of excellence.

Wilson states that "accommodating the non-traditional student demands individualizing the educational process." I think this may be true only if one defines that concept clearly. I suggest that Wilson's concept of individualizing the educational process be defined as a teamwork approach to changing the system of teaching, learning, and assessing. Support people are the key to successful teamwork. They, together with faculty, administrators, staff, and students are the team which can evaluate, prescribe, and participate in appropriate educational procedures. Wilson wisely suggests that the process of individualizing educational programming and implementing it is a shared responsibility — not one placed solely upon the institution, the faculty, or the student. I also suggest that the individualization of the process has to do with presenting materials and determining the most appropriate mode of assessing competence in learning. It should have NOTHING to do with selectively changing standards or content. The development of a teacher's ability to present and assess materials in ways other than the traditional lecture method to accommodate an individual's disability frequently results in a clarification for many students whose background is also non-traditional. That is the true value of individualizing the educational process.

Wilson also points out that traditionally it has been the student's responsibility to achieve within a system which did not allow for a variety of ways to achieve success. I would point out that it is still the student's responsibility to achieve and agree with Wilson that the system needs to be liberated to maximize the potential which the diverse student body now has.

Our concern here is with handicapped students, but I suggest that Wilson's prescription for individualizing the educational process for disabled students has implications beyond this one non-traditional group.

For more information about the elements of today's higher education population, see *The Condition of Education*, 1980 Edition, *Statistical Report*, National Center for Education Statistics, U.S. Department of Education, Chapter 3.

PLENARY SESSION - HOW TO HELP YOUR FACULTY MANAGE SUPPORT SERVICES IN THE CLASSROOM

Bertha Cutcher, State University of New York at Buffalo

ABSTRACT

I am--and have been--a part of an office in a large university, an office that is able to provide or make available a number of different kinds of learning assistance for handicapped students. However, I find myself to be very much in agreement with Dr. Wilson that the most effective delivery of learning supports and accommodations should come from the teaching staff, in connection with classroom and other assigned learning activities or experiences. And I believe this delivery of such support services by the teaching faculty begins the first week of a course when the instructor stands up in front of his class of 20 or 500 and reads something like the following:

> "I would appreciate hearing from anyone in this class who has a handicap which may require some special accommodation. I am reasonably sure we can work out whatever arrangement is necessary, be it a special seating, testing, or other accommodation. See me after class, or during my office hours. Contact me this week--not after the first quarterly exam."

In these days of specialization, there is always a tendency to set up a separate organization to accomplish some specific task or solve a special problem. Dr. Wilson's emphasis on placing responsibility with the teaching staff is somewhat of a novelty, therefore, but is strongly to be recommended because it is a less fragmented approach, more holistic and strengthens relationships between teacher and learner and that is as it should be. This new situation may not diminish the need for, and a role by, a separately organized division or office which acts on behalf of the handicapped. There is still a need for someone to act as advocate, to function in a campus monitoring capacity, to sponsor or provide in-service training of staff, to sensitize the academic community, to promote accessibility of program and facilities, to provide specialized guidance and counseling, to improve the integration of handicapped persons in community activities, etc. The more significant role for an Office of Services for the Handicapped, however, may simply be that of a catalyst--one that assists all staff and all departments on campus to discharge their functions effectively as well in relation to handicapped persons as for the non-handicapped.

Another point which Dr. Wilson makes is that teaching can take place with little or no accompanying learning on the part of the students. I would agree that there is a proper concern for the kind and quantity of learning that takes place, particularly when some class sections reach numbers in the hundreds. At some point in the teaching-learning process there must be the kind of individualization that includes some interactive and responsive activity between learner-teacher-subject methodology.

Competition among schools for students will probably cause institutions to accept more and more marginal and non-traditional students, each with a variety of social, mental, physical, age and emotional factors that have an impact on the learning that can and does take place. It behooves the teaching staff--the professors, instructors, graduate assistants, teaching assistants, etc. to become concerned about the kind and quality of learnings by students in relation to the learning goals of the course. It is just too easy to have teaching literally take place in a vacuum unless there is a concern for the learning that is taking place.

Individualization of instruction does not mean literally one-on-one. It does mean the use of a variety of teaching methods; it is enhanced by the first-hand contacts with the student; it is promoted when alternative approaches are used when one teaching method does not produce good results in the form of learnings; it does follow when large group instruction is also accompanied by small group sessions and some accommodations have been made in both the large

and small group classes. The perceptive teacher does need to consult with the student on special needs resulting from handicaps that affect learning and will need to make some plans in advance to minimize areas of potential difficulties.

I agree with Dr. Wilson that there is going to be a continuing flow of non-traditional students coming to college campuses; not only students with handicapping conditions but the mature student, the displaced housewife, the recycled professional and the unemployed production worker. Each of these latter groups have unique needs which need to be addressed--not only the handicapped group. Our recent experience at U/B suggests that we are already accepting students with a greater degree and diversity of background and handicaps than before. In speaking before department groups, I have often quipped, "Be happy to see handicapped students in your classroom; look upon them, not as disabled, but as FTE's" The acceptance of these various kinds of students means, as Dr. Wilson emphatically says, a greater acceptance of faculty responsibility for the learning that does take place, in addition to the general traditional acceptance for teaching.

How do we bestow upon teaching faculty the attitudes, the skills required to teach effectively? It is not a simple or easy project. If service providers take the time to work with and for teaching staffs in relation to the special needs of the handicapped students they find in their classroom, along with the many existing resources on campus, together you can develop more different approaches, more different techniques of teaching that will result in better learning. This puts a greater burden on service providers; we should know something about pedagogy. In this respect, I am just about ready to recommend a concentration of in-service activity with the younger faculty, with the TA's and GA's, where it may be that the potential of change in attitude and improvement of individualization may be, for all I know, motivated by the seeking of brownie points that are useful when tenure and/or job applications are filed.

The individual differences that exist among all students are much exaggerated among the handicapped. For that reason, in a program that pays proper attention to individual differences, the teaching staff must be prepared to discover the special needs that exist, to design and use learning activities that are varied and appropriate, and to make use of campus and community resources on behalf of the disabled.

The problem (or project) of individualization is not peculiar to the post-secondary institution, but is also applicable to the secondary schools. The colleges and universities are now getting students who have already been mainstreamed in the secondary grades because mainstreaming in the least restrictive environment at that level is also a mandate and, in addition, an IEP (Individual Education Plan) is required which should spell out the student's needs and the most appropriate accommodations recommended to meet these needs. We should be able to utilize these IEP's if of value to have a better background on what has been attempted and proved of value for the student.

While I can agree with Dr. Wilson that a large share of the onus for achievement is on the student, there is still the requirement (or call it responsibility) among secondary schools to equip/familiarize the student with appropriate coping skills by which he learns, and to provide some significant motivation and assistance that are designed to minimize the obstacles to learning posed by a handicap or multiple handicaps. Formal admissions to a program of study still indicates that there has been an appraisal for potential success in a career. In the case of a handicapped student, this career may have some limitations in scope and the faculty members should work out a plan of study and preparation that would open the widest horizons for the student. There are some outstanding examples of what I mean in the literature and for an example I cite the guide for college level teachers recently developed by the American Chemical Society Committee on the Handicapped entitled, "Teaching Chemistry to Physically Handicapped Students."

Another important point made by Dr. Wilson is the fact that physical access--to classrooms and buildings--should not be confused with access to learning. Access indeed involves everyone: faculty, students, academic personnel, service providers, maintenance staff, administrators, etc. The removal of barriers--negative attitudes towards change--always involves a diverse group, representing all aspects of a campus community.

A TIME FOR CHANGE

Neal Hoffman, S.U.N.Y Upstate Medical Center

ABSTRACT

Old ways die hard. Even the concept of academic freedom is subject to challenge and the time honored belief of freedom from interference in the classroom is being shaken. Section 504 of the Rehabilitation Act of 1973 (as amended) has created new challenges which call for new methodologies and adaptations in the classroom. Ducking behind the old protections of academic freedom can result in forceful intrusion by the Federal government into our classrooms. We must accept differences and become aware of non-traditional needs, and the time has come and passed for a start at changing our attitudes and behavior.

"But we've always done it this way!" So states a poster displayed prominently in my office at Upstate Medical Center. Surprisingly enough, while that inscription does on occasion invoke negative verbal or non-verbal responses (anything from "What's that supposed to mean?" to a rapid onset of acute exititis), the more frequent reaction is a smile of awareness or appreciation of its implications. Unfortunately, however, the awareness is usually of the way "they" do things, meaning the ruling members of the omnipresent State bureaucracy. Rarely, if ever, is the awareness, even good naturedly, turned inwards.

That is what we all - administrators, faculty, support services personnel - have to root out and eliminate from our thinking and our actions. Clench your hands into a fist (a simple exercise which we all, in our frustrations, often do) and point your index finger at some person or object. It is all too easy to see the direction in which the finger points, but, alas, it is not too easy to recognize that three of your fingers are pointing back at yourself.

It is too easy not to change. It is too safe to duck behind the shield of academic freedom, or too simple to hide behind the administrative cliche of, "But that's the policy." Even that time honored and long cherished privilege of academic freedom is resting on rather shaky foundations today. One need only to glance at a newspaper today to spot the increasing assaults by many groups on what we once thought of as our license to teach what we wished in the manner we believed most effective. The resurrected public battles between creationists and evolutionists, the ever-increasing attempts to limit or indeed abolish sex education in the schools, book censorship, the resurgence of McCarthy-like attacks on the "wrong" kind of political and social thinking, are but a few examples of these assaults. And if we are foolish enough to rest on our laurels without being willing to fight tooth and nail to preserve this freedom, we will surely lose it as did the victims of the Nazi holocaust who sat back too long, believing that the injustices around them would never touch them directly.

Worthwhile as it may be to hold on to these rights, there are ways in which we can actively invite intrusions into the classroom. Take, for example, the instructor of Secretarial Science who was required to establish the spelling ability of her college level students by administering a weekly spelling test. One student, suffering from a learning disability, failed each of these tests miserably. Her disability simply prevented her from performing well on that kind of exercise. At the same time, however, the weekly papers she submitted (prepared without anyone else's assistance) were virtually letter perfect as far as spelling was concerned. She, of course, has learned how to use a dictionary. Faced with written academic requirements, the befuddled instructor simply did not know what to do. When we (a team of trainers) asked her whether her academic spelling objective was to determine whether a student could spell or whether a student could handle a spelling test, the ready answer was that that the former was the objective. When after a discussion, I pointed out that then HEW's 504 regulations prohibited the use of a test which on its face was neutral, but which at the same time had a disproportionately adverse affect on a student with a disability, and that an alternate method of measuring spelling ability had to be found, another faculty member popped up with knee-jerk speed, protesting that, "No government agency was going to tell her how to teach in her classroom!"

The response was deeply saddening. Not only was the second faculty member so enamored of and self-impressed with her assumed "right" to conduct her class exactly as she wished, but she could see neither the danger of her own approach nor the need for an innovative kind of challenge to the existing academic policy. That is the type of parochialism that will sooner or later serve as an active invitation for some Federal investigator to decide how she should teach.

This might, I realize, well be termed an alarmist approach. Perhaps that perception is unavoidable, but the fact of the matter is that nothing serves so well to bring the regulatory agencies into our institutions and, at least figuratively, into our classrooms, as a stubborn refusal to accept the existence of enforceable laws and recommendations. On a number of occasions the Federal courts have clearly declared that educational institutions cannot duck behind the privilege of academic freedom to avoid the consequences of unlawful acts of discrimination.

The people of this nation are its greatest resource. Wasting one life or one talent deliberately or unwittingly is not only unsound; it is often irrevocable. It is morally, legally, economically, and educationally unforgivable to continue in our old ways - to revere our cherished traditions as the only proper yardsticks of teaching and administering in educational settings. The time is yesterday, not today or tomorrow. It is right for us to accept differences, to change our methods, to become aware of non-traditional needs, as difficult as these may be. For the sake of everyone concerned, let's get on with the job!

MY KINGDOM FOR A HORSE!

Jane E. Jarrow, The Ohio State University

"A horse!. A horse! My kingdom for a horse!" Perhaps it is appropriate for me to begin by quoting one of literature's most famous disabled characters. Richard III apparently knew that there are times when immediate needs must transcend long range goals. I would like to take this opportunity to play "devil's advocate." I think Dr. Wilson has done an excellent job of outlining the problems you face as a service provider, as well as the hesitations voiced by my fellow faculty members concerning academic accommodation. I think his reading of the problem is very accurate, and that the solutions he suggests are the answer for the future. Individualization of education at the post-secondary level will be a logical consequence of the celebration of individual human rights. Society is moving in that direction - - but ALL of society must change before the programs projected here become feasible.

We have met the enemy, but for the moment we are theirs, not vice versa. We have defined the problem and, as society moves toward individualization in all things, it will be the ultimate solution for non-traditional students; but the ultimate victory is years away. What about the handicapped students who are out there waging the battle here and now. How can we help them to succeed in post-secondary education NOW so that they do not become casualties in our battle for human rights?

Dr. Wilson suggested that the goal of education should be helping students reach their potential, not in trying to teach them to survive in a "sighted" or "hearing" or "able-bodied" world. I agree. That is what the goal should be-- BUT THAT IS NOT WHAT IT IS! If we take the discussion out of the realm of handicapped students, I think most of you would agree readily that the goal of higher education for traditional students is to teach them to survive (financially, emotionally and socially) in the big, bad REAL world. We, of all people, who have militantly maintained the right of handicapped learners to share in all aspects of post-secondary education, should be the last ones to settle for watered-down hopes or expectations for this population. If we provide a successful experience within the narrow confines of a rigidly monitored ideal situation which can not be found outside our ivy-colored walls, we may have done those students a disservice. Perhaps they would be better served by helping them learn to cope with the hassles, the unreasonable people, the disappointments that may be experienced "on the outside."

We want handicapped students treated "just as everyone else." The kind of personalized, individualized programming suggested here is not currently feasible and MAY NOT BE IN THE STUDENT'S BEST INTEREST!!! We are preparing them to exist in a "sighted" or "mobile" or "hearing" world. The program Dr. Wilson projects would require sweeping changes in societal attitudes, not just in faculty and administrators. It is coming, but not for a long time and we need to fight for the students who are out there NOW. You cannot control anyone's behavior except your own. Alright, then, what can you do to help now, in these days of budget cutting and curtailment of services?

First, be a part of that long range planning that is going on in your respective institutions. The change will come only if there are those who continue to push, continue to try, continue to care. All the plans Dr. Wilson has laid out are worthwhile; make them a part of your future.

Second, continue to provide whatever assistance, counsel and muscle is necessary to guarantee that the hard won gains in the area of physical access to buildings and facilities are not lost. Accommodation is a moot point if accessibility evaporates.

Next, work with your constituents on a face-to-face basis. Be part of a problem-solving team that consists of a given student and faculty member striving to meet individual needs. Do not underestimate your effectiveness as a service provider if your contribution is primarily in this kind of one-to-one encounter. Every faculty member who has a successful interactional experience with a disabled student is an investment in the future.

And that brings me to my last suggestion- - cash in on that investment. Use those resources that you have cultivated among the teaching faculty. Refer that chemistry professor who is giving your handicapped students trouble about accommodation to Dr. Jones, in his own department, who successfully dealt with a similar situation just last semester. There is always the chance that the faculty member may view you as an outsider who can not understand the subtleties of his problem because "you are a service provider, not a teacher." There is no way he can use the same argument to dismiss the evidence presented by a fellow faculty member who has participated in successful accommodation.

Gardner's Rule of Society states that "the society which scorns excellence in plumbing because plumbing is a humble activity and tolerates loose thinking in philosophy because it is an exalted activity will have neither good plumbing nor good philosophy. Neither its pipes nor its theories will hold water." For now, you are the plumbers, who must see that the tiny drips do not combine to inundate and drown us. Only for as long as we maintain the quality of our plumbing will we have the freedom to pursue our pipedreams.

PROGRAM EVALUATION: DO'S AND DON'TS IN DATA COLLECTION FOR DECISION MAKING

Emmett Casey, San Diego Community College
Catherine Campisi, San Diego Community College

As a relatively new field of study, program evaluation combines knowledge from education, sociology/psychology, and economics to obtain various elements of data from which one may make decisions about programming and/or services. In this session, several theoretical models of program evaluation will be presented, as well as information on some of the most commonly used data collection methods, namely questionnaires and interviews. Further resources for program evaluation will also be provided as well as some practical suggestions for use of program evaluation in postsecondary disabled student service programs.

Program Evaluation means different things to different people. It can range from a simple judgment of a subjective experience, "that's a good program", to a highly sophisticated assessment of instructional materials utilizing complex statistical techniques. It can be formal or informal, performed by internal evaluators or external evaluators, or combinations of the above. The major purpose of this presentation is to present some ways and means to evaluate programs and services for the handicapped students who are attending postsecondary educational institutions.

Every day in our ordinary lives we make valuative judgments -- "That was really good" or "I don't like that." Sometimes there's a reason given....because "it's too long, short, etc." Age-old traditions have established rating type judgments based on a scale from one to ten. A movie entitled "10" graphically portrays the criteria for different measurement points on the scale with respect to judging members of the opposite sex.

However, evaluation of programs, i.e. making judgments about their effectiveness or rating them according to previously determined criteria while following a systematic process, is fast becoming a part of our educational heritage and a field of specialization in its own right.

We are familiar with quality control in business and industry--what are the counterparts in education in general, and Special Education in particular?

Theoretically, program evaluation is a programming tool. Like most tools, there are several varieties depending upon what the tool is intended to do. Some of these are as follows:

1. Provide information to administrators who make decisions about a program, to teachers who teach or to counselors who advise.
2. Give Program Participants feedback about their performance and also provide them an opportunity to tell what is helpful to them and what is not helpful, so that necessary adjustments can be made.
3. Confirm the attainment of objectives or lack thereof, e.g. IEP's.
4. Provide information for local, State, and Federal funding agencies.
5. Compare program components (e.g. counseling for Learning Disabilities and Deaf) or one program with another (e.g. Resources for Physically Disabled

with Learning Disabled).
6. Compare alternatives in reaching Program Decisions. (e.g. Is it better to have a Learning Disabilities class at Centre City or East San Diego?)

Program Evaluation then has different functions or purposes. It is generic rather than specific and is a process rather than a simple procedure.

It is more than reaching objectives. Sometimes unintended results are more important than the intended, such as socialization on an informal level between students.

Harmful results need to be considered, too. For instance, learning math may be important but not at the expense of hating school or any educational setting. Program Evaluation is as concerned about the value and suitability of the program as it is with whether its purpose is accomplished.

Criteria need to be ordered in terms of their importance, (e.g. which program is more successful--one that reaches a lot of people with only moderate help or one that reaches a few people with considerable help; or again, which program is more successful--the one producing large results for a short period of time or moderate results for a long period of time).

Descriptive research and evaluation are not synonymous--some people feel that if I describe what has happened in a program that it is enough. Research often presents findings of what happened in a descriptive way. Evaluation, however, makes judgments about the importance or value of what happened or the advantages or disadvantages between alternatives.

It isn't enough simply to collect accurate data. The data must be accurately interpreted within a specific context. This interpretation rests with knowledgable persons who are able to see inter-relationships.

Distinguishing between evaluation and research paves the way for a clearer understanding of evaluation as a natural human process--a continous program activity rather than an episodic and infrequent event.

The emphasis, then, is on improving the accuracy of the process by introducing more system into the way it is carried out rather than replacing it with periodic, systematic, formal evaluations. Evaluation in terms of intuitive judgments or gut-level feeling does and should go on continously. These judgments should be validated much like a medical practitioner confirms symptoms and intuition with lab results.

Evaluation is people-oriented. It recognizes that those people who must make the improvements must be actively involved in the evaluation. The judgments are made by people, the criteria decided on is determined by people, and even the analysis and interpretation can be made by many different types of people. The success of an independent living skills class, for example, means something to teachers, students, and managers.

Evaluation can be grouped into several models, each with their strengths and weaknesses.

One particular model that lends itself to Special Education programs is the Discrepancy Evaluation Model where one compares performance with a standard.

DISCREPANCY EVALUATION MODEL

The DEM defines "Evaluation" as the comparison of what is, PERFORMANCE (P), to an expectation of what should be, a STANDARD (S). If a difference is found to exist between the STANDARD and the PERFORMANCE, this difference is known as a DISCREP-

ANCY. The later may be positive or negative, i.e., exceeding the STANDARD or being less than the STANDARD.

If there is a negative DISCREPANCY, then there are three ways to resolve it:

1. Re-design STANDARD, i.e., too high.
2. Exert greater control or management over PERFORMANCE.
3. If DISCREPANCY is unmanageable, then a program may be terminated.

STANDARD

-- Some implicit idea of intent, expectation or model of excellence.
-- Derived from knowledge, experience and VALUES.
-- Values determine what program will be evaluated or what component.
-- Have existed in education for long time, but:

a. Have not been made public.
b. Not been shared by relevant parties.
c. Not made specific enough or comprehensive enough to be useful in judging or improving educational programs.

Five types of evaluation for DEM which parallel the natural development of a program:

(FORMATIVE for PROGRAM IMPROVEMENT)

1. Design Evaluation - Judge Program Plans
2. Input Evaluation - S vs P as Planned
3. Process Evaluation - S vs P monitors sequential accomplishments.

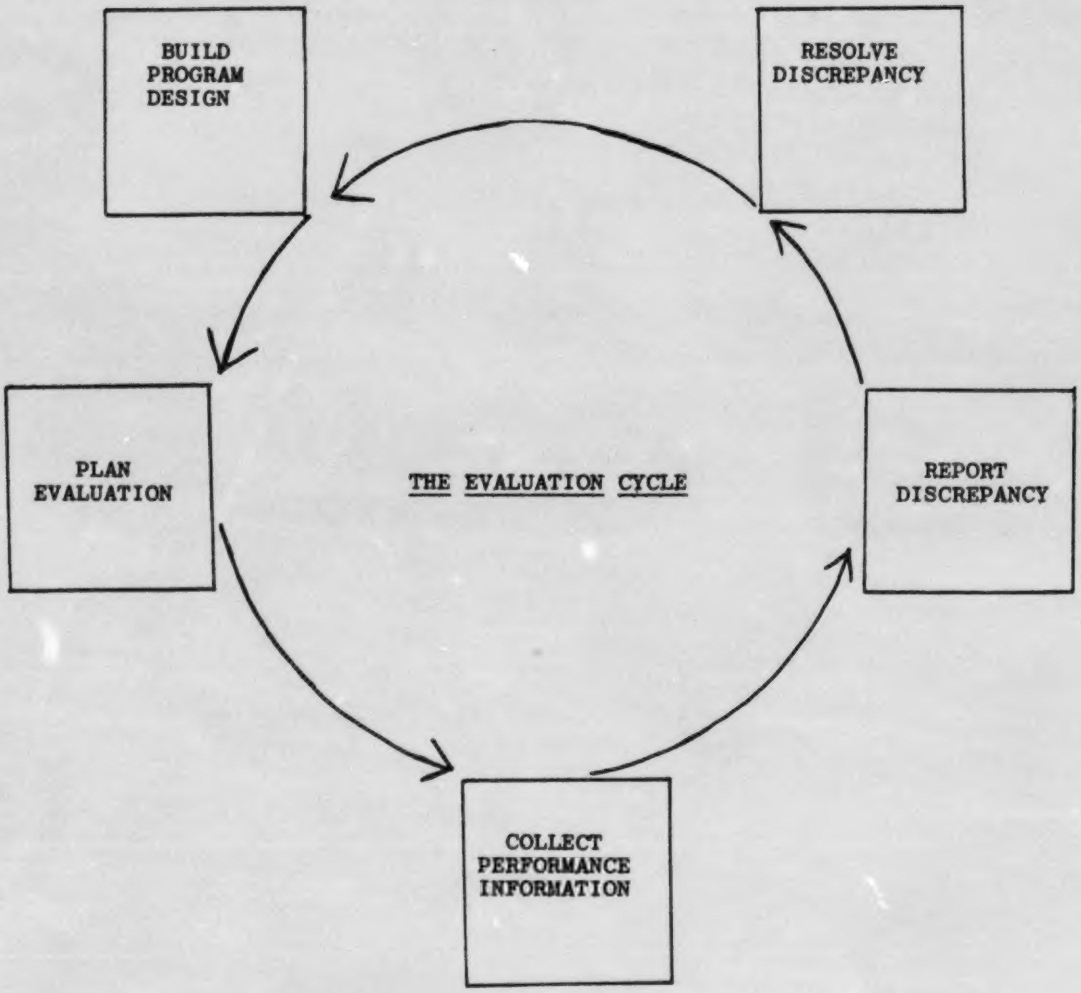
(SUMMATIVE for PROGRAM EFFECTIVENESS)

4. Output Evaluation
    A. Determine if program objectives achieved
    B. Substantiate causation
5. Cost-Benefit Analysis (compares programs)

Can't evaluate everything ∴ We construct an EVALUATION PLAN, i.e., establish priority aspects of program operation to be evaluated.

THE EVALUATION PLAN

1. Identifies areas of Evaluation concern
2. Formulates Evaluation questions which:
    A. Directs systematic definition and collection of performance information
    B. Are input, process, or outcome related
    C. Clarifies standards
    D. Selects MEASUREMENT devices
    E. Plans their administration


BUILD PROGRAM DESIGN
RESOLVE DISCREPANCY
PLAN EVALUATION
THE EVALUATION CYCLE
REPORT DISCREPANCY
COLLECT PERFORMANCE INFORMATION

PROGRAM DESIGN ELEMENTS

INPUT	PROCESSES	OUTPUTS
Resources used to carry out a program	The way resources are used	The end result of the processes
Personnel	Classes	Knowledges
Facilities	Workshops	Skills
Students	Group Activities	Attitudes
Funds		Behaviors
		Institutional Change
		Programs
		Policies

INPUT→PROCESS→OUTPUT STATEMENT

INPUT

General	Specific
Faculty	Independent Living Skills Instructor
Support Staff	Instructional Aide
Students	Adapted Classroom (Kitchen)
Facilities	

PROCESS

General	Specific
Counseling	Provision of specialized counseling
Coursework	Enrollment in Independent Living Skills Class

OUTPUT

General	Specific
Knowledge	. Know how to contact community agencies for help with social security
Skills	. Is able to budget own funds and manage own funds
Attitudes	. Expressed desire to transition into more independent home setting

Given this background information a selected review of approaches or models of program evaluation and their major proponents is included here for your consideration, Steele (1973.) You will note the DEM model is among(1.3) "Evaluation as input into decision making."

GROUPING OF APPROACHES TO PROGRAM EVALUATION

Group 1: Evaluation As Input Into Decision Making

1.1 Decision Centered Evaluation (CIPP) (Stufflebeam; Phi Delta Kappa)
1.2 Differential Evaluation (Tripodi, Fellin, & Epstein)
1.3 Discrepancy Evaluation (Provus)
1.4 Priority Decisions (Boyle)
1.5 Developmental Evaluation

- IPI Formative Evaluation (Lindvall & Cox)
- New Start Evaluation System (Lamrock, Smith, & Warren)

1.6 Materials Evaluation

- Trade-Off and Comparative Cost Approach (Glass)
- Weighted Criteria Approach (Crane & Abt)

1.7 Participant Reaction Approaches

Group 2: Evaluation of Program Parts

2.1 Execution-Impact Approach (Freeman & Sherwood)
2.2 Actual Component Approach (Know, Mezirow, & Darkenwald, Jr.)
2.3 Managerial Systems

- Program Evaluation and Review Technique (PERT)
- Organization As a Total System (Young)
- Macro System Model (Alkin)
- System Approach to Goal Setting (Van Gigch & Hill)
- Program Contact System (Duft)
- Management Information Systems (SEMIS)
- Evaluating Decision Making (Hesseling)

2.4 Socio-Organizational Systems

- Social Systems Models (Loomis)
- Organizational Models (Etizioni; Schulberg & Baker)
- Motivational Model (Lewis)

Group 3: Evaluation--Kinds of Data; Types of Activities

3.1 Countenance of Evaluation (Stake)
3.2 System Role Model (Knox)
3.3 Means-Ends Hierarchy (Bennett)
3.4 When-To-Do-It-Yourself Continuum (Alexander)

Group 4: Evaluation Processes

4.1 Appraisal Model (Harris)
4.2 Data Management (Phi Delta Kappa)
4.3 Natural Process Approach (Steele)
4.4 Monitoring Evaluation (Bruce)
4.5 Improvement Evaluation (Kreitlow)
4.6 Transactional Evaluation (Rippey)

Group 5: Results--Attainment of Objectives

5.1 Tylerian Models

- The Original Tyler Model (Tyler)
- National Assessment Program
- Four-Question Approach (Gottman & Clasen)
- Adoption of the Tyler Model by Adult Education

5.2 Instructional Evaluation Approaches

Gaol-Referenced Instruction (Popham & Baker)
Evaluation As Facilitation of Learning (Bloom, Hastings, & Madaus)

5.3 Program Objectives Approaches

Criteria of Success Approach (Suchman)
O-A-R Model (Deniston et al.)
Criteria and Objectives (Matteson)
Locally Directed Evaluation (Byram & Robertson)
Ohio Model (Starr et al.)
Program Planning Budgeting System (PPBS)
System Variables Approaches

NEA Model (Taba & Sawin)
Cuba Models (Hammond; Armstrong et al.)
Information Domains (Nelson)

Types of Evaluation (Wholey et at.)

5.4 Objectives: Categorizations and Criteria

Objectives As Systems and Parts of Systems
Level and Time Sequence of Objectives
Kinds of Objectives Operating Within a Program
Characteristics of Objectives

Group 6: Results: Evaluation of Outcomes and Effects

6.1 Goal Free Evaluation (Scriven)
6.2 Zones of Results (Lamrock, Smith, & Warren)
6.3 Multiple Change Approach (Hayes, Jr.)
6.4 Multiple Dimensions of Program Effectiveness (Steele)
6.5 Effectiveness of Methods (Wilson & Gallup)
6.6 Impact Evaluation (Borus & Tash)
6.7 Public Policy (Berlak)
6.8 Institutional Evaluation (Forehand)
6.9 Social Indicators (Paulson)
6.10 Research Models (Weiss; Longest; Cain & Hollister)
6.11 Efficiency Examinations
6.12 Accountability

PART II

QUESTIONNAIRES AND INTERVIEWS

Because many disabled student services coordinators have neither the time, resources, or expertise to conduct a formal program evaluation with a strict research orientation, simpler and less complicated methods of data collection generally seem to be most applicable. Of these methods, questionnaires and interviews seem to be among the most popular techniques.

While the use of questionnaires and interview techniques are fairly common and easily understood, one must caution that there are specific techniques and skills needed to construct, administer, analyze, and report high quality questionnaires and interviews. This portion of our presentation will cover some of those basic requirements for a good questionnaire or interview and will give you some resources to take with you to consult as the need arises at your campus.

Questionnaires

Questionnaires are the single most widely used evaluation and needs assessment data collection techniques in education. The questionnaire is a paper and pencil instrument that gives respondents information in writing or pictures and then asks for a written response via check, circle, word or sentence(s). The views of the respondent, that is, the needs, attitudes, and/or perceptions of the individual, are based upon the written responses.

Some common uses of questionnaires which may meet your needs for program evaluation in an educational setting for students with disabilities include:

- Follow-up on graduates from a program.
- Assessment of needs.
- Evaluation of courses/instructors.
- Defining acceptable performance levels or rating current status of program implementation.
- Prioritizing goals or objectives of the program.
- Providing feedback on the effectiveness of a service.
- Measuring attitudes toward policies, issues, or practices.
- Obtaining extent of agreement by a reference group for a proposed decision/ policy change.
- Making comparisons of preferences for alternative courses of action.
- Providing a basis for new decisions on allocating resources.

There are several major advantages and disadvantages of using questionnaires that you should be aware of.

Some of the advantages are:

1. They are a relatively inexpensive and easy method of data collection. For example, even considering printing and mailing time and cost, the questionnaire reaches more students in a quicker lower cost way than interviews, where travel and personnel time and costs are significantly increased.
2. Questionnaires are generally familiar to people and thus may reduce threat and increase response. The convenience of a mailed questionnaire where time pressure for completion is eliminated and amonymity of response is assured, may improve chances of accurate disclosure.
3. The data you receive may be more easily analyzed and interpreted than data obtained from open-ended responses as in interviews. Because the questionnaire imposes total uniformity without possible interpretation of the interviewer, it reduces possible bias in the data. Also, interviews, by the nature as an interpresonal communication, tend to be more open-ended and thus less easily statistically analyzed than questionnaires.

Some of the possible disadvantages are:

1. The written format of a questionnaire may present a disadvantage to people who, for a variety of reasons, can express themselves better orally than in writing. Relating this to persons with disabilities, questionnaires may be difficult for persons with mobility problems in written completion of the survey, and for learning disabled persons who may have processing problems with written material. For administration to hearing impaired persons, the written questionnaire may present a language barrier, expecially for the person for whom American Sign Language (ASL) is the primary language. In addition, some people simply can express themselves more easily verbally than in writing.
2. A common major problem with the use of the questionnaire is low return rate, especially for mailed questionnaires. Further with low return rate, one may get an unrepresentative return rate which can present a problem. It is often difficult to get a significant motivator which will encourage high return rates-money or a gift being the most common example of such a motivator
3. While questionnaires may be easier to statistically analyze due to their numerical orientation, they do not provide the flexibility of interviews. In some cases, the type of data obtained may be less appropriate for certain audiences; or may be unconvincing to certain audiences who may feel statistics can be made to support any position.
4. A fourth possible disadvantage of the questionnaire is that due to its ease of administration, large numbers may be sent out and completed. In this case, however positive, compiling of results for a large population is very time consuming. Where computer capability for computation is available, this disadvantage is virtually completely eliminated.

Despite the disadvantages cited, and because questionnaires are such a common and convenient data collection device for the program evaluator, we will focus on esential elements of constructing and using questionnaires.

The first area we will cover is designing the questionnaire.

Step 1: What do you need to know: Asking the right questions

Let's take an example of an evaluation area of concern. Suppose you want to find out how useful support personnel i.e., readers, interpreters, tutors, on your campus Disabled Student Services have been to disabled students attending your school.

Before you begin, you must clarify:
1. What do I need to ask?
2. Whom should I ask?
3. How much money and time do I have?
4. What should the questionnaire look like?

In question 1, you need to specify the following things.

What is meant by useful? Does the information you need on usefullness include: (1) availability of the service, (2) effectiveness of the service, (3) knowledge of the service, and perhaps (4) attitude of the service provider. The questionnaire should ask questions only about those items on which you need information.

A common mistake is to gather too much data which may not actually be needed for reporting or planning purposes.

In question 2, you need to determine exactly who you want to complete the questionnaire.

In the example given, do you want to send the questionnaire to all disabled students or only to those receiving the support services? Further, do you want to ask all students the same questions or make the questionnaire in segments so that depending on the response to one key question respondents may procede with completion in different directions. An example of such a questionnaire has been given to you. Knowing who to ask questions of is very important when you ask questions of inappropriate respondents, you may get useless or misleading information.

A further question related to whom to ask is whether you wish to send questionnaires to an entire group(s) or select individuals within a group. Going back to our example, you may wish to question all hearing impaired students, all blind students, all LD students, etc. or you may wish to take a random sample of each of those sub-groups, depending on numbers and other factors. Because sampling techniques apply to interviews as well as to questionnaires we will cover them briefly later in the presentation.

Question 3: How much money and time do you have?

Practical considerations such as money for printing and postage and staff time to prepare, send out, and tabulate results can have major effects on the whole outcome of the data collection process. Money should be included for postage, paper, envelopes, printing, and often-return postage. Additional funds and which cannot be set aside such as pressing student needs.

Question 4: What will the questionnaire look like?

The format, length, and clarity of a questionnaire affect the response rate and the type of information you get back some general guidelines are:

Keep it attractive, easy to read and as short as possible. Include an introductory statement including:

Instrument's purpose
Who is sending it
Degree of anonymity/confidentiality
How the information will be used
A motivator for completing the questionnaire

The actual construction of the questionnaire in terms of writing items, is the most difficult task involved. The first step is to decide what form(s) questions will take. Options include multiple choice, ranking i.e., from 1 to 5, fill in the blanks, Yes/No or other dichotomies, or open ended essay type. Some general suggestions for good items include: Keep wording as simple as possible. For example, you may not need to quote legal or technical terminology - such as least restrictive environment, etc. in a questionnaire designed for students, but you may choose to do so in a questionnaire for secondary school special education staff.

Be sure that each item asks only one question and calls for only one answer. Going back to our example, consider a good and bad item:
Poor: How available and effective were interpreters who assisted you last semester?
Better: How available were the interpreters who assisted you last semester?
Better: How effective were the interpreters who helped you last semester?
Be careful when you use ambiguous terminology either in the actual working of the item or in a dimensional scale such as Always, Usually, Sometimes etc. Studies have shown that these words have different meanings to individuals and therefore that care in using and interpreting them must be undertaken.

Practical considerations in organizing questionnaire responses influence how easy the form is to complete. To cover some of these considerations, I'm going to show you a set of items and we will go through question structures before we proceed:

OVERHEAD SHEETS

Once you have constructed the initial questionnaire, there are several things you can do to see that it is clear and asks what was intended as well as actions that may ensure a maximum return rate.

To check the effectiveness of your questionnaire you should pre-test it on a small group of respondents who are representative of the large group to be questioned. Pre-testing will help clear up style and language problems which may lead to misinterpretation of items. An additional way to maximize effectiveness of your questionnaire is to show it to colleagues who may have expertise in such areas. Colleges and universities have such resources in their psychology, sociology and/or education departments as well as in their Research and Planning Offices. This assistance is available at no cost and in addition to improving your particular questionnaire, can give you assistance in increasing your design sophistication for future needs.

In addition to suggestions already provided, there are several things you can do to increase return rate. They include:

1. Send participants a pre-letter or including a cover to describe the purpose of the evaluation instrument and describe the subject pool.
2. Indicate that you will send respondents the results of the data so they will know your findings. (Be sure to follow-up with this if you commit yourself to it).
3. Help respondents by providing a self-addressed, stamped envelope and keep folding etc. to a minimum.
4. Don't ask personal questions i.e., age, income, marital status unless you really need the information. If you do ask, give the reason why you need to know.
5. Give consideration to incentives where possible and where the information you are seeking is critical. Of course, money is the most obvious incentive, but food (a party maybe), or a small gift might be an alternative.

INTERVIEWS

Many of the suggestions that were made for design and processing of questionnaires, apply to interviews. The interview is an especially useful tool in gathering information from persons with disabilities whose limitations may cause problems in reading or writing, or who may have problems with the written language i.e., learning disabled students with perceptual problems or hearing impaired students whose primary language is American Sign Language.

The interview is a structured conversation in which one person seeks information from another. Although it is more expensive and time consuming than the questionnaire, it maybe the most suitable data collection tool.

The interviewer uses an interview schedule that lists all questions, has response categories for the interviewer to mark and allows room for recording all answers of the respondent.

Interview questions may ask participants to rate an item along one dimension e.g., marital status - single, married, divorced, separated or widowed; along a rating scale, most often reflecting feelings e.g., Strongly Agree to Strongly Disagree; or in absolute values such as description of age in absolute categories __ 18-21, __ 22-25, __ 26-30; or open ended questions which require full recording of the responses.

Sometimes interviewers must probe the interviewee for further information. For anyone familiar with educational testing, they know that probing involves trying to get more information from the subject without suggesting responses. Acceptable probes include "Anything else?", or "Can you tell me anything more". Rather than appearing to challenge the respondent, the probes should seek to clarify the person's views and include all their opinions.

In conducting interviews, it is important to select an interviewer(s) who will fit comfortably with the interviewees. For example, if you are interviewing a heavily ethnic minority student population, you should consider selecting interviewers who are familiar with the culture, language, and type of the particular group. This is especially critical for example, in interviewing deaf persons who use American Sign Language (ASL) as their primary language and who may be a part of their area's deaf community which holds certain cultural meanings for the group. It is important, when constructing an interview schedule, to keep in mind the format of the items for future analysis. For example, if too many items are open-ended and thus require content coding, they may be more difficult to analyze, particulary if you plan to use a computer.

Training for interviewers should always be a part of using this data collection method. Interviewers should be familiar with the requirement to ask all respondents the same questions in the same manner. Interviewers need access to phone numbers etc. of persons to be interviewed as well as a procedure to follow in case of cancellation of appointments or no-shows.

The interviewer should give the interviewee some necessary information before asking the actual interview questions:

They should explain:

1. Who they are and what their affiliation is in conducting the interviews.
2. Why the interview is being conducted e.g., (To find out how satisfactory support services are for students on campus).
3. Whether the information is to be confidential.

There are several other considerations which the interviewer should keep in mind.

1. Interview people alone. The presence of a third party can influence results.
2. Maintain a regular format and ask the same questions in the same way, but be flexible enough to slow down, give clarification or explanation of questions, or repeat them if necessary.
3. Continue to reinforce the need for the information. People are much more likely to cooperate, if they feel their input is very valuable.

SAMPLING

A major decision that needs to be made when using interviews, is to decide who exactly who you need information from. Do you need an entire population e.g., all disabled students or all faculty members or will some portion of the population be sufficient. If you do decide to choose a portion of the population, several sampling options are available:

1. Random sampling - this means that all members of the population have an equal chance of being selected to be interviewed. Ways to obtain a random sample include putting names in a hat or using a random numbers table from a statistics book.
2. Stratified random sampling - you may want to see that your sample represents an aspect(s) of the population e.g., no. of males/females or no. of persons per disability group. For example in a sample of 100 people, where you want to interview 45 people, you have 80 men and 20 women (a ratio of 4 to 1) you would select 1 woman randomly for every 4 men or 9 women and 36 men for a total of 45.

Getting evaluative information from a group.

The views of a group of people may be of major interest to disabled student services staff in view of the mandates under Section 504 of the 1973 Rehabilitation Act to consult with disabled persons in completion of the self evaluation and other compliance activities.

While most campuses meet this requirement by the establishment of an advisory committee, there may be times when you need input from a larger group, such as in establishing a totally new component of a program or undertaking a major evaluation of the program.

A community meeting or forum has advantages and disadvantages. Its best use is to grain widewpread support from community groups or to get a broad perspective of varied views.

Several precautions need to be considered. First, you should assure all important groups are represented e.g., on campus do you have administrators, faculty, students, support staff, security, maintenance, health services. Second, due to the diversity of participants, the depth of information will be limited. To insure breadth of input, you need a facilitator who can keep the meeting on track and avoid domination by one group.

There is a definite need to structure the day's activities. An undirected discussion may lead to frustration and raised levels of expectation. The agenda should include the purpose, time, place, and items of discussion, along with time allotments for each issue.

Participants should have information they need. If possible, send background material ahead of time so people can be familiar with it.

To insure adequate participation, key agencies or groups should be asked to help publicize the meeting and encourage attendance. For disabled participants, the provision and advertisement of support services such as transportation, and/or interpreters can encourage participation. Other details to pay attention to are room arrangement and adequate room for wheelchairs, and proper location of interpreters. A sign-in sheet and name tags are helpful to know who is there and for future planning.

Follow-up. It is critical that participants find out the results of their input via another meeting or a report/letter. The credibility of your group is severely limited if you allow participants to believe that their input is not actually being used. In San Diego, as part of the preparation of a state mandated Comprehensive Plan of services and programs for disabled students, a one day conference is held for staff, agency representatives, students, and consumers. The day is valuable as a chance to get evaluative input, set priorities and share common goals and objectives. The Conference is virtually the only time all the represented groups gather to discuss needs.

These considerations apply to other types of group meetings, such as Advisory Committee meetings. It is very important to make the role and responsibility of the committee clear as well as the role and responsibility of staff. It is also critical to let participants know the decision making process beyond the committee and where further possible points and processes of input are available. It is important to establish a clear mission and yet not raise expectations to an unrealistic level. It is crucial to facilitate meetings in a fair way, giving attention to minority viewpoints and yet assuming that group concensus is achieved and properly recorded where necessary. Properly constituted and implemented, these groups can be valuable sources of input (often from viewpoints not readily seen by administration), be valuable sources of support for needed program or policy changes and be a consistent feedback device on the current functioning of programs and services as well as identification of new areas of need.

INSERT A

Which questionnaire item is better organized? Why is it better:

Are you planning to attend Jones College next year? Yes __ No __

Are you planning to attend Jones College next year? Yes __ No __ Don't Know __

Which of the following are you taking?

- __ Science
- __ Art
- __ Physical Education
- __ English/Foreign Language

Which of the following classes are you taking this semester?

Yes	No	
___	___	Science
___	___	Art
___	___	Physical Education
___	___	English/Foreign Language

Where were you born? ______________________________________ or

In what city and state were you born? ______________________________

The workshop objectives were clearly met.

Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Agree	Strongly Agree	
1	2	3	4	5	6	or

How often are you able to receive special transportation when you request it?

Always	Frequently	Sometimes	Never
4	3	2	1

	Strongly Agree				Strongly Disagree
The class lectures were clear and appropriate.	5	4	3	2	1
or					
The class lectures were clear.	5	4	3	2	1
The class lectures were appropriate.	5	4	3	2	1

RESOURCES FOR SELECTING AND MANAGING EDUCATIONAL ASSISTIVE DEVICES AND SERVICES FOR DISABLED STUDENTS

Rhona C. Hartman, HEATH/Closer Look Resource Center

ABSTRACT

Efficient management of educational assistive devices and services requires that the person responsible be aware of accurate and useful information. Human resources and publications from HEATH, the Federal government, and consumers are covered as well as the several documents which are specific to disabled college students.

I am the Director of the HEATH/Closer Look Resource Center in Washington DC which is a national clearinghouse on postsecondary education for disabled people. HEATH is an acronym for Higher Education and the Handicapped. The Center is a part of Project HEATH which, since 1977, has been assisting colleges and universities to make their programs and facilities accessible. Project HEATH is a program of the American Council on Education, the nation's largest coordinating body for higher education.

All of us are concerned with assuring that disabled students be able to participate in campus academic, cultural, and social activities "just like anyone else." That may be possible only when some sort of assistance is used to compensate for a disability:

> For a classroom mid-year exam a student who is blind requests a reader, additional time, a typewriter, and a room in which to take the exam so that his "noise" will not disturb the others.

Those services and aids do not give the blind student an advantage over others, but merely gives him/her an equal chance to have course-work evaluated - "just like anyone else." Let us call those services and aids which are necessary in classroom-related work "educational assistive devices and services."

Since most of you are involved with direct service to students, many of whom need educational assistive devices and services in order to pursue their college career, I will discuss resources for selecting and managing these, specifically where to turn for accurate information which will help you help your students. We will leave the discussion of architectural access to others.

The work I have been doing over the past few years has been helping college and university administrators as they learn how to make their program and campus accessible to disabled students. I have been running a clearinghouse (under various names) and so have had lots and lots of discussion about campus access. My advice and suggestions are based on this experience.

Human Resources

The best and most useful resource for identifying and selecting services and devices is the disabled students actually on campus. No committee or person can figure out in a vacuum what will actually be needed. Suggestions and ideas from disabled people themselves are frequently simple adaptations and not necessarily costly devices.

Once you have good dialogue with disabled "consumers," then you can turn to other human resources. The Technical Assistance Corps Directory, available free from the HEATH/Closer Look Resource Center, is the result of a HEATH Project which selected over 130 people (many of them AHSSPPE members) who were experienced planners, administrators, or service providers on American campuses. The "experts" were further trained by Project HEATH to be able to assist postsecondary administrators to make their program accessible. The Directory lists people by state so that the costs of transportation of these consultants can be kept at a minimum. Members of the TAC have helped prepare self evaluations, participated in workshops and conferences, and have helped provide solutions to campus access problems.

HEATH/Closer Look

The HEATH/Closer Look Resource Center itself can provide you with human resources as well as printed materials which can help you be more effective. The 1981 HEATH Resource Directory identifies the significant parts of the 504

Regulation and lists over 50 contact people at national organizations which are relevant to your work. Within the Directory are listed the 10 Regional Technical Assistants of the Office for Civil Rights, Department of Education. The TA's can provide you with Federal policy interpretation without fear of reprisal since they are a unit separate from the compliance arm of the Office for Civil Rights. "Information from HEATH/Closer Look," the newsletter which the Center publishes three times a year, describes new publications, highlights campus programs for disabled students, and other pertinent news. We also answer inquiries and develop fact sheets about topics of interest. At your request, we will put you on our mailing list to receive the newsletters (free) and will send the TAC Directory, Resource Directory, or whatever you name.

HEATH Publications

Actually, Project HEATH is a gold mine of resources you should have in your offices. Let me highlight a few of the publications:

504 Guide to Self Evaluation is a basic tool for developing campus programs. This book, published by National Association of College and University Business Officers was widely distributed and is probably available in your Business Office.

Creating an Accessible Campus and several other publications of the Association of Physical Plant Administrators are concerned mainly with physical accessibility.

Educators with Disabilities: A Resource Guide is a result of a study by American Association of Colleges for Teacher Education of 900 educators. The narrative identifies their coping strategies from selection of career through training and on the job. There follows a list of the educators, their jobs, disabilities and how they can be reached for information.

A complete annotated list of the numerous HEATH publications and ordering information is available from the HEATH/Closer Look Resource Center.

Federal Government Resources

The Federal government has many publications about which you should be aware. Auxiliary Aids prepared by the Department of Education identifies programs within the Federal government from which money for auxiliary aids is available. The HEATH/Closer Look Resource Center can send you that by request. The Office of Information and Resources for the Handicapped produces numerous guides, directories, and a newsletter which highlights Federal programs for Handicapped people. Write to:

Office of Information and Resources for the Handicapped
Clearinghouse on the Handicapped
Room 3106 Switzer Bldg.
Washington, DC 20202

NARIC

Another national resource is NARIC, National Rehabilitation Information Center, which has on file journals, theses, and other documents related to rehabilitation. For details on accessing materials, contact NARIC:

National Rehabilitation Information Center
8th and Varnum Streets, NE
Catholic University
Washington, DC 20064

Disabled College Students

In addition to HEATH, Federal, and national resources, there are several booklets which are specifically about disabled college students. The Handbook for Blind College Students focuses on the student's responsibilities to manage his/her assistive devices and readers. Send $2.50 for the Handbook to National Federation of the Blind:

National Federation of the Blind
National Blindness Information Center
1800 Johnson Street
Baltimore, MD 21230

The Deaf Student in College, published by and available from Gallaudet College, Washington, DC, 20002 includes a listing and description of over 60 colleges which have 15 or more deaf students (and support services for them). Such a school would be an excellent contact for ideas and sharing resources if you have

one or a few deaf students on your campus.
The College Student with a Disability: A Faculty Handbook was written by AHSSPPE member, Lynn Smith and is available from the President's Committee on Employment of the Handicapped, Washington, DC 20210. Smith draws on his experience as Director of Disabled Student Services to describe the various functional limitations and suggests campus accommodations which can assist students to cope with them. A glossary of terms is included.

Consumer Resources

Consumer resources should not be overlooked. Aside from publications of the various disability organizations, a particularly useful book is ACCENT on Living Buyer's Guide - a sort of Sear's catalogue of gadgets, assistive devices, and publications for disabled people. Contact:

ACCENT on Living
Ray Cheever, Publisher and Editor
P.O. Box 700
Gillum Road and High Drive
Bloomington, IL 61701

Conclusion

What does all this mean for you? If you are involved with direct support services for disabled students it is imperative that you are aware of a range of resources to which you can turn as you advise students and select and manage their school's assistive devices. Remember to involve the disabled students themselves in your planning. Be assured that there are experienced people with AHSSPPE and listed in the TAC Directory and elsewhere with whom you can discuss particulars. The publications mentioned here will help you if you become familiar with their contents. Knowing where to turn for information is the first step in efficient management of disabled student support services and cost effective purchase of assistive devices.

AN INVENTORY/CHECK-OUT SYSTEM FOR AUXILIARY AIDS

Margaret Rigg Myhre, San Francisco and Oakland Public Libraries

ABSTRACT

The need for a compact, uncomplicated method of cataloging auxiliary aids and adaptive equipment is discussed. A model inventory/check-out system is described in detail. This system was designed for use at the Disabled Students' Center, Laney College, 900 Fallon Street, Oakland, California.

AN INVENTORY/CHECK-OUT SYSTEM FOR AUXILIARY AIDS

The need for an inventory

If your handicapped student service program is like many, it was established very quickly in an attempt to meet the requirements mandated by Section 504 of the Rehabilitation Act of 1973. More often than not you, perhaps a counselor with no special training or previous experience in the field of serving the disabled, found yourself at the head of the new program trying to cope with administering, counseling, providing interpreting services, note-taking services, reader services, career guidance, advocacy, and barrier removal strategies all at the same time.

During the early months of struggle and frustration, one of the first things to get out of hand may have been your equipment inventory. Special adaptive equipment, after all, does not complain--it pacifies. It has the capacity to smooth the way for the disabled student, to calm the apprehensive faculty member, and perhaps to dazzle the eyes of board members, potential students, parents, and the P.R. staff. Handing out pieces of equipment can often provide immediate solutions to some of your problems.

By now the chaos you may have experienced in the early days of the program has begun to subside, and a new kind of chaos has emerged. Where do you send the Talking Calculator to be repaired? What was the serial number on the large print typewriter that was stolen last week? And what happened to the six cassette recorders you bought last semester? While it may not be possible to retrieve all of these pieces of equipment now, it is possible to bring this situation under control.

The inventory/check-out system which I am offering as a solution is compact and simple to use. It does not require the use of a computer or expensive software. The major expense involved is in the amount of time it will take to put this system into operation. Preparing an inventory is a time consuming process, particularly if your service has been in operation for several years and has no equipment list. I have tried to design an inventory/check-out procedure that can be implemented by student workers or volunteers so that you and your office staff will not be overwhelmed by the temporarily increased work load. Once the initial inventory has been completed, it is easily maintained.

Where to begin

The first step in preparing the inventory is to compile a list of all the equipment that your program has acquired. Ideally this list should include every piece of equipment that has been purchased by your office, as well as items that have been loaned or donated. Do not limit your list to the pieces of equipment that are still sitting in your office. They represent the tip of the iceberg.

The easiest way to find out what your service has purchased is to go through the requisition slips which, hopefully, have been kept on file. Other sources of information about purchased equipment may be available through the purchasing office, the warehouse, or perhaps from specific academic departments which may have purchased special equipment for a student. Whether you are directly responsible for this equipment or not, you should know what is available and where it is kept. This process may look like an overwhelming task, but remember that somewhere someone has been filing scraps of information about everything your program has purchased. For each item on your list you should try to record the model number, serial number, the college acquisition number, the requisition slip number, the date the item was received, and the price that was paid for it. All of this information is useful for identifying, insuring, and maintaining your equipment.

It's quite likely that some of the equipment in your office was loaned from another source. It is more difficult to find information about loaned items. If your program has any variable speed cassette players or Talking Book phonographs, they may have been loaned by the Library of

Congress Division for the Blind and Physically Handicapped. If so, the equipment will have a Library of Congress label. Your State Library will probably have records of the serial numbers for any equipment loaned to your college or university. In addition to Talking Book cassette players and phonographs, the State Library may have supplied your program with automatic page turners, headphones, and foot control pedals.

Other agencies which loan equipment directly to disabled students or to handicapped student service programs are state clearing houses for the blind, centers for the blind or deaf which are sponsored by the Lions Club, and braille book banks. If you know your office has received equipment on loan, but there are no existing records concerning the transaction, you may be able to find more information by studying your old correspondence and memorandum files. It is also helpful to talk to staff members and students who were involved with your program in the past. In this way, you may also find information about pieces of equipment which were donated to your program by student clubs or service groups in your area.

Once you have finished the tedious task of going over old requisition slips and correspondence, you should have compiled a rough list of the equipment handled by your office. This is the most arduous part of the inventory process. Now you are ready to organize the information you have gathered and put it into a usable form. Do not worry if you have missed anything, it can always be added later as more information is uncovered.

Organizing your inventory

To organize your inventory and set up the check-out system, you will need the following: a loose-leaf notebook, a supply of dividers to fit the notebook, and a plentiful supply of equipment check-out forms (see Appendix A).

Record the information about each piece of equipment on a separate Equipment Check-Out form. Assign an identifying number to each piece of equipment and record the number in the space marked "Office #" and the space at the top right hand corner of the form. This number can be a combination of the initials of the type of equipment and an acquisition number (e.g. PB-1 for the first Perkins Brailler or TC-2 for a Talking Calculator). Be sure that each piece of equipment is labeled with this identifying number.

A brief description of the item should also be included on each equipment check-out form. Sometimes it is easiest to get this information from sales catalogs. In some cases, it is important to describe the color of the item. This is especially true for Talking Book equipment because a different color is used to identify each model produced. If the item is housed in a different part of the campus, such as in the library, be sure to include that information.

If an instruction book or manual is available, be sure to indicate it on the check-out form. You may want to make all of your instruction manuals available on tape to increase the accessibility of your equipment.

Use the notebook dividers to separate the equipment check-out forms into manageable categories. Label the guides with the general type of equipment (Braille Equipment, Earphones, Recorders, Talking Book Equipment, etc.) and arrange them alphabetically in the loose-leaf notebook.

Keeping a record of distributors and repair sources

The logical place to keep information concerning repairs, supplier, and distributors is with the rest of your equipment records. Record the distributor's address, telephone number, and the name of the contact person (if possible) on the appropriate divider. Also list the service representative or repair source. Most of this information is included in the instructions or manuals that come with the equipment. If they have been lost, it may be possible to obtain replacement copies from the factory or distributor.

Many distributors of special equipment for the disabled have very specific directions concerning maintainance and repair service. Frequently, it is necessary to pack the item in the original container and return it postage pre-paid to the factory. If you do not have the original container, it may be necessary to write to the factory for a new one before you can ship the item off to be repaired. It is a good idea to record this type of information on the divider. Also include information about equipment that has been loaned to your program.

Pictures of the equipment can be pasted on the appropriate divider guides. This may seem like an unnecessary frill, but it is helpful for insurance and identification purposes. It is also useful in counseling or orientation sessions when you may want to show students or others pictures of the auxiliary aids you have available rather than attempting to describe items to them.

Check-out procedures

As each piece of equipment is checked out, be sure to record the student's name, address, and telephone number on the equipment check-out sheet. As a control measure, set up a card file or another loose-leaf notebook with a card or page for each student. Here you can list each piece of equipment and the date it was checked out under the name of the student who borrowed it. All students who receive services from your program should be given a list of what equipment is available for their use and a printed explanation of your check-out procedure. Your office staff should determine exactly what the procedure will be. The following is the check-out procedure used by the Disabled Students' Center at Laney College in Oakland, California where this system was originally put into operation:

Anytime that a piece of equipment leaves the Disabled Students' Center or is used by a student or student worker in the office, the user's name, address, and telephone number should be recorded on the inventory page for that particular item. The equipment borrowed and the identifying number will be recorded under the user's name in the card file.

Students may borrow equipment for a full semester (subject to recall if needed by more than one student). All equipment must be returned at the end of the semester regardless of whether the student plans to use the same item the following semester or not. This is essential if equipment is to be properly maintained.

Students should report breakage, malfunctions, and loss of equipment immediately. Broken equipment will be repaired or replaced as soon as possible. All repairs and maintenance must be recorded in the Inventory Book. Refer to the divider guides in the Inventory Book for information on repairs.

Anyone wishing to borrow Disabled Students'Center equipment which is stored in the library must have the library personnel telephone the check-out information to the Disabled Students' Center. This is important if a running inventory of all equipment is to be maintained.

Students are not permitted to borrow duplicate items of equipment. For example, a student who has borrowed a tape-recorder may not borrow a second tape-recorder until the first has been returned.

Theft and/or loss of equipment must be recorded in the Inventory Book.

The following equipment will not be loaned out for home use: Speech Compressors, Optacons, Braillers, Talking Book phonographs and cassette players.

The following equipment is not for student use: Photocopier, Cassette Duplicator.

Certain items, such as the Talking Book equipment and some of the braillers, are loaned to the Disabled Students' Center by state or federal agencies. These items may not be borrowed for home use. Students who wish to have Talking Book equipment at home may apply directly to the State Library in Sacramento. The address is: Books for the Blind and Physically Handicapped, California State Library, 600 Broadway, Sacramento, California 95818. Telephone: 916/322-4090 or 1-800-952-5666 (Toll-Free). A copy of the application form is in the cabinet with the instruction manuals. This service is available free of charge to the blind and physically disabled.

New equipment should be registered in the Inventory Book as soon as it is received. A Disabled Students' Center number should be assigned and the item should be labeled immediately. If possible, a picture of the new equipment should be kept in the inventory book. The price, service representative, order information, and repair information should be recorded. Make two copies of each new page added to the Inventory Book. One copy should go to the duplicate inventory kept in the Enabler's office; the other should be added to the Inventory Book in the Dean of Instruction's office.

Equipment purchased by other agencies or clubs for use by the Disabled Students' Center should be recorded in the Inventory Book. The purchaser and/or owner of the equipment must be indicated in the book. An example of this is the air pump (AP-1) which the Disabled Students' Club purchased in 1978.

Conclusion

As you can see, setting up an inventory/check-out system does require a great deal of time initially. In the long run, however, it will save many headaches for you and a great deal of time for your staff. It will also help you to provide more effective and efficient service to the disabled students in your program.

APPENDIX A

Disabled Students' Center
EQUIPMENT CHECK-OUT

____

Item: ______________________________ Model Number: ____________________

Serial # ______________ University # ____________ Office # ____________

Requisition # ____________ Date Received: ____________ Price: ______________

Description of item: ____

____

____

Instructions: Print: _____ Braille: _____ Recorded: _____ Other: ___________

CHECKED OUT TO (include equipment sent out for repairs):

Name	Address	Telephone	Date Out	Returned

INSTITUTING WHEELCHAIR REPAIR SERVICES ON COLLEGE CAMPUSES

Gwen Callas, Kent State University

An efficiently administered wheelchair repair program is an important and necessary service to students using wheelchairs for mobility. Since flat tires or broken belts can become a major barrier to meeting daily class schedules, an effective campus wheelchair repair service can function as a preventive measure to unnecessary classroom absences.

This article outlines operation methods for wheelchair repair services at Kent State University. Implemented in 1970, this service functions with a limited staff and budget, however, it still provides needed assistance to all permanently and temporarily disabled KSU students who use wheelchairs.

THE PROGRAM

The major program objective is to provide repair and preventative maintenance to wheelchairs used by KSU students. The service is operated out of the Office of Services for Handicapped Students (OSHS) and housed in a room adjacent to the OSHS office.

Students needing repairs can come in for service or, if needed, arrange for emergency campus road repair. Generally, road service is rare because of the availability of an effective campus transportation system which enables the student to reach OSHS from the initial breakdown point. Because it is foreseen that situations calling for extensive service may arise, students are encouraged to bring a spare chair.

Student and community donations of tools and old parts provided a starting point for the program. An initial investment of $100 allowed for the purchase of additional tools and a small inventory of replacement parts. By establishing an on-going arrangement with two local vendors, OSHS can acquire parts at a significant discount. Students needing replacement parts can benefit from these discount prices by purchasing directly from OSHS. Monies from student purchases are placed into a revolving fund. An important feature of the program is that there is no service charge for repairs or maintenance work performed at the office.

The annual operation costs are maintained at $100. This allocation is used to replace tools and hedge inflation from the increased costs of restocking inventory.

One student worker is employed between 15 and 20 hours per week to operate the program. This individual schedules routine maintenance and handles repairs, such as, filling, repairing, and replacing tires; checking and charging batteries; tightening spokes and belts; and straightening bent leg rests and caster forks. Preventative maintenance includes lubricating bearings and other moveable parts, cleaning chasis, and tightening nuts and bolts. In order to prevent unnecessary repairs, students are encouraged to obtain preventative maintenance at least once each semester.

All office personnel are able to provide minor routine assistance (e.g., inflate tires, fill batteries) in the absence of the repairperson.

PERSONNEL QUALIFICATIONS AND TRAINING

In order to qualify for the position of wheelchair repairperson, applicants should have previous experience repairing wheelchairs or bicycles. Hiring is arranged so as to provide the new employee with the opportunity to work with an experienced wheelchair repairperson for a minimum two week period. Training and information is provided by local vendors as a service to OSHS.

PAYMENTS FOR PARTS

Students either pay for replacement parts out of pocket or receive authorized funds from their Vocational Rehabilitation counselor. OSHS does not enter into billing or reimbursement arrangements with the student, agency or vendor. It is the student's responsibility to advise his/her counselor of the costs of needed parts. The counselor can then contact a local vendor who will either replace the part on a service call basis or deliver the part to OSHS for replacement. Service is generally received by the student within the same working day. The BVR counselor immediately follows the contact with an authorization of funds to the vendor for parts and/or service.

MAJOR REPAIRS

It is the policy of OSHS not to provide any repairs which would result in the voiding of a warranty. Welding and repairing circuit boards are outside of the realm of our capabilities. Other university departments will assist students with major repairs to chairs not under warranty. The School of Technology will weld frames and the Physics Department has personnel skilled in repairing circuit boards.

The local vendors mentioned previously will pick up chairs needing major repairs and generally return them within twenty-four hours. Spare chairs owned by the student can be very useful in the event that major repairs are required.

WHEELCHAIR LOAN

OSHS maintains three to five chairs for loan to students whose chairs are being serviced. Chairs are also made available on a short-term loan to students with temporary disabilities. Nine athletic wheelchairs are also maintained for intramural activities.

EQUIPMENT NEEDS

The following tools and parts are recommended as necessary equipment for developing a wheelchair repair service on a college campus:

TOOLS

- basic screwdriver set
- end wrench set
- crescent wrench set
- spoke wrench
- pliers
- channel locks
- hammer
- vice grip
- hydrometer
- battery charger
- tire pump
- pressure guage

PARTS

- inner tubes
- patch kits
- *size 10 (32 threads/inch) bolts, locknuts, washers
- belts
- distilled water
- bearings
- bearing grease
- front and rear lo-heel caster forks
- lightweight oil
- spokes
- rubber or plastic frame tips

*Note - Bolt sizes may vary. Consider purchasing 1 3/4 inch bolts and cut down to size.

SUMMARY

On-campus wheelchair repair services enable students to maintain equipment needed for daily mobility. Cooperative arrangements with local vendors of wheelchair parts and service compliments a campus program that may have limited capabilities to provide technical repairs. Utilizing other campus resources for welding and electrical repairs also extends the convenience of services. A wheelchair loan program provides an important backup system for students who must wait for chair repairs. The development and implementation of a wheelchair repair and maintenance program should be considered as a top priority if college/universities are to provide effective services to mobility impaired students.

WHEELCHAIR REPAIR SERVICES ON A RESIDENTIAL COLLEGE CAMPUS

Ron Blosser, Southern Illinois Univeristy at Carbondale

ABSTRACT

Given student needs, campus resources, and the availability or reliability of community repair services some college campuses may operate a special equipment repair service. Section 504 does not require postsecondary institutions to operate equipment repair services for disabled students. Various methods and procedures may be utilized to establish and operate a campus repair service, and this article is intended to describe the experience of one campus which may have application to other postsecondary institutions.

Introduction

Equipment repair services located on a college campus for disabled students are a highly specific service component, and like the general area of handicapped student programs, there are no hard-and-fast guidelines to follow. The author does not assume or propose that all campuses should operate equipment repair services, indeed, in some cases it may not be necessary or required. As such this paper is only designed to share the experience of one campus, and the procedures utilized in delivery of service. Some of these procedures may have application to other college campuses, and the author has attempted to highlight these features.

The Specialized (disabled) Student Service Office at SIUC has operated a wheelchair repair service(hereafter referred to as "service") since about 1956. The service was initially established to provide "maintenance" services for manual wheelchairs due to lack of a quality private repair service in the community. It should be noted that the City of Carbondale is a small community and the lack of a quality repair service in the community is a major reason for continuance of the service. The institution has therefore perceived strong need to provide the service although the institution does not directly fund labor or parts costs for the service. These costs are all reimbursed by the student or his/her sponsoring agency. With respect to Section 504, the institution does not have responsibility to provide an equipment or wheelchair repair service. The wheelchair repair service is the only institutional "special service" for which the student or sponsoring agency must pay all costs.

Students are not required to use the service although the majority select to do so. In 1980-81 an average of 60 students used the service from a total of 90 non-ambulatory students. About 50 of these students use (Everest & Jennings) power wheelchairs and the other ten use manual wheelchairs. Non-ambulatory students not using this service may utilize the private community repair service or do their own repairs. Virtually all students using power wheelchairs make use of the University repair service.

Specific repair services offered

Repair services offered include but are not limited to:

- Mechanical and electrical repairs (and parts replacement) on all manual and power wheelchairs
- On-site repair of all electrical components
- Repair of battery chargers
- Replacement of batteries
- Welding of parts
- Custom, specialized adaptations
- Ordering and installation of specialized components (for specially prescribed wheelchairs)
- Repair of environmental control systems
- Minor repair of electronic communication devices
- Consultation with physical therapists concerning prescriptions for new wheelchairs (and specially prescribed wheelchairs) -- especially with newly admitted and currently enrolled students so as to insure proper components for best use on campus.

Delivery point for new wheelchairs, and the assembly of new wheelchairs
Minor repair of van lifts and driving controls
Ordering of special cushions and other supporting devises
Consultation/training with students concerning wheelchair use, self-maintenance, trouble-shooting, etc.
Rental wheelchairs and battery chargers
Repair of other wheeled conveyance (three-wheeled bicycles, carts, non-E & J wheelchairs, etc.)

Service procedures

All students using the service or their sponsoring agency pay a flat, semester repair fee for labor; this fee covers all labor for each student during the semester. In 1981-82 the semester repair fee per student is $75. In addition to labor charges the fee is also designed to cover other operating expenses (overhead -- such as purchase or replacement of tools and shop equipment).

The repair service has its own separate University account which is a local or restricted (revenue) account. Based on anticipated revenues for a fiscal year, the account is budgeted for the appropriate amount. In 1981-82 the operating budget will be approximately $28,000 (for all labor and parts). Every two weeks each student or the sponsoring agency receives a billing from the service for all charges (parts) incurred in the preceding two week period. This two-week billing cycle is necessary so as to allow sufficient time for the sponsoring vocational rehabilitation to process payment, and to receive reimbursement into the account. A severe cash-flow problem in the account can be created if billing occurs on a less frequent basis. The semester repair fee is assessed at the beginning of each semester.

The two-week billing cycle also serves another function. The service is better enabled to maintain an adequate inventory of parts since repair staff can quickly determine the volumn of parts installed in the preceding two week period.

Billing for parts to an out-of-state vocational rehabilitation agency can be especially troublesome if the agency requires official authorization for purchase and installation of parts. Individual arrangements and understandings must often be established with out-of-state VR counselors so as not to unnecessarily delay repair of the student's wheelchair. In the case of this University, the Illinois VR agency maintains an on-campus office with two VR counselors; hence, authorization as well as payment for parts is rapidly expedited without interference of the student's educational program. A positive relationship with the State VR agency has greatly facilitated management of the repair service. Their staff, since they are located on-campus, understand all features of the repair service and problems are quickly resolved.

The repair service is staffed by two, half-time student workers. These repairpersons (and their replacements) are drawn from the University's electronic technology, or engineering and technology degree programs. They do not typically have experience in wheelchair repair services; each new repairperson is trained by a current repairperson.

The repair service is open for at least 6 hours per day, Monday through Friday, with at least one repairperson on duty. During certain times of a semester, and depending on work load and weather conditions, the service may be open during designated periods on weekends. The service shop is centrally located on campus, and all repairs are done in the shop; "service calls" are not made due to problems with transporting necessary tools and parts. "Service calls" also tend to be more expensive in terms of labor. Furthermore, this policy places more responsibility on the student.

The repair service orders and maintains an inventory of all mechanical and electrical parts or components. Since the repair service is not a designated Everest & Jennings dealership, it is essential to have such a dealer in the immediate vicinity in order that any parts can be secured on very short notice. The service places bulk orders for parts which are directly paid by the account; reimbursement for these parts is only received after parts are installed on a student's wheelchair, and when the student or sponsoring VR agency makes payment to the account for the specific parts installed. The repair service charges the student or sponsoring VR agency the current list price for parts.

An alternative to the direct purchase of parts (in order to maintain an inventory of parts) is to make a formal or informal arrangement with a local dealer(s) to receive parts on a "consignment" basis. The advantage of this approach is that the repair service will not need to make a rather large, initial investment of parts. The dealer then receives payment after parts are installed, on a designated time schedule (directly from the service, the student or sponsoring agency).

It should be noted that nearly all students utilize Everest & Jennings wheelchairs (especially E & J power chairs). Other brand name wheelchiars or wheeled conveyance are strongly discouraged since we (and students) have found them to be far less than reliable on this particular campus which is quite large and rugged. The existence of one brand name wheelchair tends to greatly expedite actual repairs since (a) the repairpersons can be well versed in the repair of one brand name, (b) there is only one brand name dealer with whom we need do business, and (c) the parts inventory is more easily maintained than if there were multiple brand name wheelchairs in use.

The service maintains a limited supply of rental manual and power wheelchairs. These chairs are typically donated to the repair service by students or other people in the community. Individuals possessing an operable wheelchair who wish to donate the unit may do so and receive a tax deduction for the assessed value. The unit is officially donated to the University's foundation which provides the donor with an official form for tax deduction purposes. The foundation then donates the chair to the repair service. Inoperable wheelchairs are also sought and received since there will be some parts that are salvageable.

Benefits of the service

Special mention should again be made of the lack of an adequate repair service in the community. This factor remains a major reason for continuance of the on-campus repair service. Other benefits of the service include:

1. Availability of the service directly tends to increase student retention since students would otherwise devote large amounts of time in transit to-and-from an off-campus repair service. Students are far less likely to miss their classes, and can maintain a regular class load and schedule.
2. Like other physical support services offered by the institution, the repair service tends to improve the overall ease of campus access.
3. Among other services and programs offered by the institution, an equipment repair service may tend to attract disabled students to the institution.
4. Since the campus repair service is non-profit in nature, service charges are substantially lower than those found in the private sector. This results in a considerable savings to students or sponsoring agencies. Labor charges, with student workers employed at minimum wage or slightly higher, are quite reasonable. Labor charges in the private sector for comparable service will usually run at least four times higher; the author is aware of some private repair services where labor charges are 9 or 10 times higher.
5. Since the University operates an on-campus repair service that is readily available, the University's special transportation service has limited need to transport students to-and-from the repair service. Without an on-campus repair service, it is realistically estimated that an additional $15,000. per year would be needed for the special transportation service to transport students to-and-from an off-campus repair service.

Provision of a campus repair service also enables the institution, at least to some extent, to insure adequate delivery of services to students. In so doing the institution can better monitor the needs of students and implement procedures to meet changing needs. The increasing proportion of severely disabled students, especially those who are functionally quadriplegic using power wheelchairs, has in the case of this institution necessitated some rather sophisticated repair services.

Service disadvantages

1. Provision of an on-campus repair service can tend towards delivery of too much service -- the age-old question of doing too much versus doing too little. Additionally, it is possible for such a service to do repairs or install parts that are not really essential or necessary; this may be more problematic if a sponsoring agency is responsible for purchasing

parts.

2. Once an on-campus repair service is initiated, there will likely be demand and need for expanded service.
3. Some might rightfully argue that an institution has no legal or "moral" responsibility to provide equipment repair services; that the responsibility for equipment upkeep is strickly a student responsibility, especially if an adequate repair service is available in the community.
4. Management of an equipment repair service can be time-consuming and rather complex. Such factors as budget management, hiring and training of repair staff, and delivery of timely and adequate service must be carefully developed and reviewed. Even in the case where the student or agency pays all the "direct costs" (labor and parts), the institution will probably bear some indirect costs (i.e., fiscal management, supervision of repair staff, space, telephone, correspondence, clerical assistance, etc.) unless all of these indirect cost factors are included in the fee structure or overall charges for individual services provided.

Summary

This particular institution has found manageable wages to provide repair service in a manner where the benefits seem to outweigh the disadvantages. Availability of a repair service is viewed as one component, physical support service within a range of physical and academic support services. The changing characteristics of the disabled student population in the past 7 years (i.e., a larger proportion of functionally quadriplegic students) has necessitated expansion of service to meet student needs. Management of a repair service may present special problems, although the direct costs (to the student or sponsoring agency) will be much less than that found in the private sector. Depending on the particular circumstances of a campus, various alternatives may be available to establish and operate a repair service.

THE WHEELCHAIR DILEMMA: A PERSISTENT PROBLEM

Sharon Van Meter, The University of Iowa

ABSTRACT

The Office of Services for Handicapped at The University of Iowa, since its inception in 1975, has been faced with the persistent problem of maintaining, servicing, and repairing wheelchairs. I suspect the problem of wheelchair repair exists at many institutions. Before discussing the general and specific issues which this service raises, a brief history of the service at The University of Iowa is in order.

As with most institutions of higher education, accommodation was begun in response to Section 504 of the Rehabilitation Act of 1973. Due to a lack of architectural accessibility, students using wheelchairs were practically nonexistent at The University of Iowa before 1975. As The University modified existing buildings, and planned new construction so as to make the campus more accessible, The University became an attractive environment for persons with mobility impairments. The result has been a dramatic increase in the number of students using wheelchairs at The University of Iowa. We have every reason to believe that this increase will continue.

From Fall, 1975 to Fall, 1979, The University's only wheelchair service was provided on an ad hoc basis by the Office of Services for Handicapped staff and a part-time University transportation system (CAMBUS) employee. This was largely due to the fact that the area's only private vendor did not do any major work on Everest & Jennings wheelchairs, the type used almost exclusively by The University population. This ad hoc system proved to be totally inadequate for three reasons: 1) the CAMBUS employee did not work directly for the Office of Services for Handicapped and so had priorities elsewhere, 2) his already tight schedule limited him to emergency repairs and so service on The University's loaner chairs was totally absent (loaner wheelchairs had been donated to The University from several sources to be used while students' chairs were being repaired), 3) no one on the staff at the Office of Services for Handicapped had the necessary skills to perform sophisticated repair work.

Since University funding and space for the wheelchair repair service was not forthcoming and the demand for maintenance and repair was increasing, another alternative for service delivery was sought.

A proposal for funding was submitted to the Comprehensive Employment Training Act (CETA). A skilled wheelchair mechanic was hired and a working space for the repair service was found in the basement of Calvin Hall, the same building where the Office of Services for Handicapped is located. Tools were purchased from monies donated by Restrict Us Not (R.U.N.), an organization of handicapped students. We had hoped that the problems of wheelchair repair were behind us.

The terms of the CETA contract provided funds for a full-time position for the period of one year, and expired in November, 1980. The service was continued on a half-time basis for the remainder of the academic year through the use of University and matching private funds. These funds expired at the end of May, 1981, and the position was discontinued.

Fortunately, the local vendor has recently become an authorized Everest & Jennings dealer. A conference between a representative of the Department of Vocational Rehabilitation, myself as The University of Iowa's representative, and the manager of the local vendor and his repair personnel, was held to agree on types of services that could be rendered, charges for those services, and arrangements for services after normal business hours.

Since the new service delivery system has not been in operation, we do not know how this arrangement will work. It seems the best alternative available given the budget constraints of The University and the unavailability of private funding sources.

This solution, however, leaves some fundamental issues unresolved. One such issue is whether The University has the responsibility of providing this service to students, faculty, and staff as part of their compliance with Section 504. Does the lack of such service make an otherwise accessible institution of higher education inaccessible to the mobility impaired? If third party funding sources such as Vocational Rehabilitation are not available to an individual student, does the student bear the responsibility for costs associated with his or her wheelchair while attending a university or college? What sources of funding either through The University or private sources, can be tapped to help with this problem?

Because this topic affects to a greater or lesser extent most postsecondary institutions, the presentation will include discussion of these issues by attendees and a review of alternative strategies used by their institutions.

Legal and Planning Issues

THE 80'S AND BEYOND: TRENDS AND PROJECTIONS FOR COMMUNITY COLLEGE ACCESS

Dr. Victor Margolis, Nassau Community College

I work at Nassau Community College, a locally sponsored open enrollment liberal arts oriented two-year college. We have had many years experience in providing services for the disabled college student. From our particular vantage point, I see major issues that concern our ability to offer the most comprehensive support services for our disabled students.

1. Increasing difficulty in obtaining funds from government sources.

2. Because of the difficulty in obtaining funds, there is increasing competition between the different kinds of services for all student needs.

3. The changing character of the disabled students we serve brings new demands on staff to acquire new skills - the most critical new skills - the most critical new groups include:

    a) hearing impaired - who need us to know sign language;

    b) learning disabled - who need us to help them adjust to the demands of college and to help the college adjust to them;

    c) educationally disadvantaged - who will tax our skills and resources to bring them the help in basic academic skills that they need.

As outgrowths of these three issues I see three questions that all of us in the community college must answer.

1. Where do we find the additional financial resources we need?

2. How do we learn to coexist with other areas of the college to make the best use of our shrinking resources.

3. How do we help our staff to learn to work with the new demands that are being placed on them?

THE 80'S AND BEYOND: TRENDS, PROJECTIONS AND PLANNING FOR ACCESS OF DISABLED STUDENTS
PRIMARY PROBLEMS FOR PRIVATE AND HIGHER-COST CAMPUSES

Alfred H. DeGraff, Boston University

An education at a private college or university is a valid option which should be open to any academically qualified student, whether or not they happen to have a disability. These private, or independent, institutions face two primary hurdles in the 80's: rising costs for students and partially related efficiency problems in delivering accommodations to those with handicaps.

We can minimize each of these hurdles by taking certain steps now.

But first, how can we justify, in the face of hefty tuition and living costs, an education at a private college or university or at a more expensive state institution? We do so by asking prospective students why they are willing to pay or borrow the extra cost.

State or private institutions in any area of the country all have certain differing specialties as well as differing costs. And we're not only speaking of specialties among state and private institutions as separate categories, but of differently priced state institutions and private institutions within their own categories. We also don't wish to make any implications here which infer some kind of correlation between quality and price of institutional offerings.

Simply stated, if the curriculum for which a student has an aptitude and interest doesn't exist, or doesn't exist in reputation, at a lower-priced institution, the student should have the option of choosing another institution. In some cases those options for finding the desired curriculum wouldn't exist if not for the private institution.

How hefty will the tuition and housing expense packages become at private institutions in the next five and ten years? In the coming 1981-82 academic year, the national average for resident students enrolled full time in private four-year institutions is $3,709 for tuition and fees. The total package, with the addition of living expense is $6,885, up 13% from this last year. In New England, this next year's tuition and fees will average a higher $4,874, up 18% from last year. The living package will bring this figure to a yearly average of $8,449, up 15%. These figures and projections for five and ten year periods, using the cited inflation rates, are shown below.

	Tuition & Fees	Living Expenses	Total Yearly Pkg
National Average			
1981-82	$ 3,709	$ 3,176	$ 6,885
1986-87	6,833	5,852	12,685
1991-92	12,600	10,771	23,371
		(inflation rate: 13%)	
New England Average			
1981-82	$ 4,874	$ 3,575	$ 8,449
1986-87	11,150	6,595	17,745
1991-92	25,509	11,759	37,268
	(18%)		(15%)

With these rising costs to the student come tighter and tighter campus budgets. The second hurdle even now facing many colleges is the increasing inefficiency occuring during the delivery of accommodations needed by the handicapped. First, many services are overly centralized in the campus disabled student.

First, many services are overly centralized in the campus disabled student service office. Here, in some cases, the expertise of already established departments in other areas of the campus is duplicated by the disabled student service, where merely a structural or programmatic accessible supplement to the regular services used by all others would be more appropriate.

Second, the disabled students, staff, and faculty with recurring accommodation needs many times are not given the independence skills of how to fulfill those needs, where appropriate, on their own. Here, besides not promoting essential independence in clients, many disabled student services are wasting staff time in assuming recurring responsibilities for clients with disabilities. In both cases, the disabled student service has become an inefficient middleman in providing services, instead of an essential resource to solving unique problems and providing unique services.

Both hurdles are linked to rising costs. There is a third hurdle which is not related to costs: attitudinal barriers of fellow students, staff, and faculty.

We can begin corrective measures now, in bettering both the present as well as the future.

First, in attacking financial concerns, we cannot stop rising costs but we can start better planning for meeting them with resources.

The primary financial resource for students with handicaps is the state vocational rehabilitation agency. Postsecondary institutions need to work closely with these agencies when the agencies need backing at budget-request time. Many agencies find themselves alone each year when they appear before their state budget hearings. A lobbying effort well coordinated between campuses and agencies may well benefit the common constituency of both: the handicapped student.

In return for this and other help from the campus, it is hoped that when the needs of a handicapped student aren't satisfied at more moderately priced programs, the state agency will provide more proportionate funding toward a higher priced program if needs are met there. In many, though certainly not all areas presently, state rehabilitation agency funding ceilings are very close to the tuition level of the state college system. In many areas of the country where this type of ceiling exists, the handicapped student whose needs are not met at a less expensive state campus can be financially herded toward a less desired field which is offered by the state system.

At the same time, campuses can also be providing better financial resources for students by tapping into other third party sources of scholarships, grants, and loan underwriters. Alumni, fraternal groups, business and industry, and other funding organizations are potential buffers against rising costs. Many are looking for a new special interest group which might internally spark the interest of its contributors.

The second and third hurdles were inefficiencies in service delivery and the existence of attitudinal barriers. Both problems can be attacked partially by mainstreaming accommodation costs and responsibilities, where and when appropriate, among various parts of the campus.

A disabled student service office is at times a planner, promoter, innovator, on-site supervisor, and evaluator of access at a campus. But by far its most consistent role is as a service coordinator and information resource for other campus departments, when special needs happen to fall in their areas.

These other departments of both the campus and outside communities provide merely accessibility supplements to their regular services so that all may use them. In the process, each department learns more about accessibility, of both structural and nonstructural nature, and reduces attitudinal barriers which come from ignorance. The mainstreamed participation of handicapped with nonhandicapped people is perpetuated. The campus commitment and pride in providing access is also widespread.

The alternative of a closely centralized disabled student service centralizes accommodation responsibility, costs, commitment, pride, and innovation. Under this approach, a disabled student service attempts to be a middleman through which most accommodations are either provided or are tightly supervised. In many cases, costly staff time is wasted in duplicating the efforts of other departments.

In addition, some service offices are not maximizing independence in the handicapped they accommodate. They further waste costly staff time in repeating accommodations a number of times for one individual's recurring needs. Instead, they would promote independence skills and increase staff efficiencies by passing the skills of recurring accommodations on to those with disabilities.

Disabled student services which now promote independence skills concurrently with improving their own efficiency are saving themselves for unique problems and unique services. Unique and first-time accommodation needs will usually require specialized attention. Unique service needs for which there is no closely related other campus department are also housed primarily in a disabled student service.

We have been reviewing three of the many hurdles facing private and higher cost institutions. Some immediate remedies have been proposed.

Overall, we all need to share the upcoming problems so we can better collectively brainstorm on solutions. With regard to campus members with disabilities and postsecondary education, there is no better means of sharing than by using AHSSPPE.

We need to both use AHSSPPE and to contribute to it!

"THE 80'S AND BEYOND: TRENDS, PROJECTIONS AND PLANNING FOR ACCESS OF DISABLED STUDENTS - GROUP DISCUSSIONS"

Ron Blosser, Southern Illinois University at Carbondale

Following is a summary of the small group discussions held after the program presenters made their opening comments. The attendees split-off into groups by type of institutional affiliation -- two-year community colleges, independent institutions, and public universities. Each of the groups focused discussion on their perceived trends, projections, and needs in the coming years.

Group 1-Community Colleges

Concerns were expressed about shrinking support service funds, as well as greater competition for existing resources within institutions. A changing population of disabled students is also of concern.

The basic philosophy of community colleges, in particular, presents some special challenges -- meeting the needs of an extremely diverse student population and with diverse needs. The 'open admissions' policy of many community colleges is a special concern with respect to serving developmentally disabled populations. Institutions in many states appear to be facing the need to serve growing numbers of developmentally disabled students. Part of the responsibility for serving DD populations is shifting to community colleges without an "equal share" of resources to serve these students.

More students are "recycling"--remaining in school for longer periods of time or seeking additional courses and degrees.

Possible need exists for a "progress probation" mechanism -- or "early warning systems" to identify non-progressing students.

Disabled student programs may need to pursue new or different fundraising efforts, for example, via student groups, individual outreach, private foundations, etc. May also need to seek intern students from graduate schools.

Greater need also exists for community networking to share resources. A specific suggestion is that institutions within reasonably close proximity might attempt to borrow or exchange staff in order to share skills and expertise as one means to beat or at least keep-up with shrinking resources while also serving more disabled students.

Group 2-Independent Institutions

Among the major needs, concerns, and trends noted by representatives from private or independent institutions, the following are noted:

Strong need exists to more fully identify and coordinate financial resources for services and students. These areas include financial aid offices, state and federal resources, vocational rehabilitation agencies, and the private sector.

Continuing emphasis should be placed on reducing attitudinal barriers. More comprehensive "life planning" services and more use of role models should be sought to benefit current and future students. Similarly, need exists for more realistic career counseling and guidance services. Institutions and handicapped student programs should also continue to find ways to foster independence of students.

Disabled students presently participate in public education or awareness programs and activities; this role or function could be more systematically developed and expanded at many schools.

A need is also identified to increase or expand leisure activities for disabled students as well as to find means for fuller participation in regular student life activities and programs. Housing accommodations on and off the campus also need to be more fully developed.

The area of recruitment and admissions is of special concern -- full use of publications, orientation programs, use of alumni, etc. With respect to orientation to the campus, highly individualized advisement approaches might be utilized, and greater use of currently disabled students to work with new students.

In-service training with residence hall staff, and faculty to assist them in working with students was strongly emphasized by group members.

Identification of disabled students as well as the characteristics within the student population is necessary for planning services, and resolution of problems. Needs assessment procedures also need to be more fully developed.

Group 3-Public universities

Concern was expressed about the possible changes in legislation, especially Public Law 94-142, and Section 504. This factor combined with an increasing number of disabled students is an area of strong concern. We also need to look more seriously at the accountability of our services and what we do. There is need for something like a national data bank for information about institutions, services, disabled students and related areas to assist institutions, the government, and industry.

Speculation was raised whether VR agencies will more strongly emphasize short-term vocational training for disabled persons rather than four-year degree programs. In view of these possibilities, students may need to take initiative to let the concerns be known.

Institutions within physical proximity of one another could more fully share and collaborate expertise and resources rather than to compete for resources, students, etc. Everyone might therefore benefit.

How to make disabled student service program a higher priority within institutional administration? The feeling is that there are "administrative attitudinal barriers," and "mistaken priorities."

There is continuing need to work on faculty attitudes. As stated by one participant, today's faculty members are tomorrow's administrators.

The increasing number of learning disabled as well as severely disabled students (needing more extensive support services) is a major concern. An increase in the number of disabled students but no increase in support staff may lead to "burnout" of existing staff. Some participants also noted the serious difficulty of how to justify services for a relatively small population of disabled students on some campuses. Participants also noted the serious problem of being able to justify need for support services, and that it is much easier to justify funding needs for removal of physical barriers.

Some leveling-off of support services is projected in view of limited institutional resources; and as noted by one participant, students seem to be more independent which may mean there could be less reliance on support services.

Suggestion was made of possible need to explore development of consortiums to better meet student needs, share limited resources, and to serve ever growing numbers of students among several institutions.

Lastly, improved relations and communications with VR agencies may be necessary to meet student needs and be certain that students are offered the widest possible variety of support and alternatives.

ACTION NOT APATHY - UNITY NOT DISSENSION - SOLUTIONS NOT RECOMMENDATIONS

Colleen Marie McCarthy, State University of New York at Buffalo

ABSTRACT

There is a definite need for a Nationwide Network which would Unite Disabled Students. This network would unify our scattered forces and redirect our energy in a mutually beneficial manner. At the University of Buffalo, Disabled/Handicapped students joined together to form a coalition whose goals and objectives were three fold: (1) Mutual problem solving (2) Self-Help and (3) Advocacy/Self-Advocacy.

The first step was a natural one--to solve mutual problems. At first these were more architectural than academic or attitudinal. However, we soon realized that most of our accessibility problems existed because of ignorance about what a disability/handicap was. Archaic attitudes and fears were the real reasons that we were unable to bring about architectural access at the State University at Buffalo. Once we realized this, we were able to create an environment wherein changes were able to take place.

We used our Student Association as a vehicle. We sought recognition as a Service Organization and requested funding so as to be able to meet the special needs of Disabled Students. We sponsored awareness programs, worked with the Office of Services for Handicapped Students to establish 504 Compliance Committees as well as serving on Community Advisory Boards. We maintained a high visibility by successfully using the school newspapers for publicity. Additionally, we published our own newsletter.

The second step was also a natural one--the Self-Help Concept. We began by meeting twice a week for a period of ten weeks in one hour sessions. This was done under the expert guidance of Tony Serra, a graduate student in Rehabilitation counseling. We discussed such problems as social interaction between able-bodied and disabled, personal difficulties and academic situations that each of us were facing. Through honest feedback from others in the group, we found solutions or at least we were able to realize a common feeling and perhaps gain a new perspective.

The third goal of Advocacy/Self-Advocacy came just as easily. After all, once you discover the problem and isolate it it's only natural you are going to look for a solution. Once you narrow down the alternatives for a solution to a problem and make a recommendation, you can begin to look towards preventing similar problems.

"Doing things FOR someone accomplishes very little."

The Bible points out that if you give a man a fish he will eat one meal--but teach him to fish and he will feed himself and others for a lifetime. So we began to teach students how to take the initiative and do things to help themself socially, academically, architecturally and attitudinally.

First you volunteer him/her and give him/her a taste of self-confidence. Then he/she in turn gets more involved--even to the point of running for Student Association office. Once the student becomes involved, there is no way they want to become inactive or uninvolved EVER! They advocate for themselves and others for life.

These same basic steps that were used by The Independents at the University of Buffalo could and should be used by students on a national level.

DisCus--(Di stands for disabled, s for students, C for coalition, and us for the United States) could easily provide a forum whereby the collection and dissemination of information and non-duplication of effort would benefit us all. DisCus could be a clearing house comprised of regions which would pinpoint problems of mutual concern and zero in on solutions. Regions would be active in their localities--but if, when and where a region needed or wanted the help of other disabled individuals DisCus could be brought into full play.

Legislatively, we could and would reach and represent mass numbers of disabled people. We would become a powerful network whereby changes could be affected on a national level as well as a local one. Independent Living Center, Affirmative Action and Student Associations would be bound together for mutual benefits.

Now more than ever before we must unite to preserve what 504 began--we have come too far--we have fought too long and too hard to just stand by and watch it crumble. We need action not apathy, unity not dissension, solutions not recommendations. I urge you to join The Independents in an effort to make DisCus a reality--today.

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DISABLED COALITION OF THE UNITED STATES
A COALITION FOR EFFECTIVE CONSUMER PARTICIPATION

Eric R. Dahmer, State University of New York at Buffalo

ABSTRACT

A new organization, Disabled Student Coalition of the United States (DISCUS) is to be an organization of students with disabilities, by students with disabilities, and for students with disabilities. The constitution of DISCUS establishes a "franchise structure," where many member organizations are coalesced to form one highly visible force. The autonomy of each member organization to set its own goals will be preserved; at the same time, these member organizations have the advantage of being affiliated with a large, "cross-disability" force. This force will enable members to more effectively realize their own goals, along with goals common to all disabled students. Sensitivity to the preservation of the autonomy of member organizations and the prevention of the creation of a central staff that is competitive with the coalition are key elements needed for the success of DISCUS. Because students in general are not able to frequently travel long distances due to lack of time and money, DISCUS is organized to avoid this by 1) conducting regional meetings, 2) doing a large portion of business by mail, and 3) establishing a highly mobile central headquarters to be moved regularly.

INTRODUCTION

To solve the numerous problems of students with disabilities, one must plan and promote effective consumer participation of local, state, and national levels. DISCUS will actively promote such consumer participation by providing the representativeness and access to policy makers and service providers necessary to be effective. Students with disabilities must unify fragmented student groups into a central organization with "cross-disability" representation (Bowe, Jacobi, Wiseman, 1978). Only then will we be able to formulate a single, cohesive, cross-disability viewpoint, rather than many, often opposing, "uni-disability" viewpoints.

Three advantages of consumer participation are identified by Cahn and Passett as:

1) Mobilization of a previously untouched source of productivity and labor.

2) Creation of a source of knowledge, both innovative and corrective, so new policies and programs may be suggested.

3) An affirmation of the democratic process. (Cahn and Passett, 1969).

Consumers are better able to suggest changes in policy and to provide feedback on program effectiveness. Consumer participation is affirmed in The Rehabilitation Act of 1973, Section 504, which requires 504 implementation committees to include "otherwise qualified handicapped individuals."

THE NEED FOR A DISABLED STUDENT COALITION

An overview of projected educational statistics indicates there is an overwhelming need for a disabled student coalition, and sufficient support to maintain such a coalition. America has an estimated 36 million disabled citizens (Bowe, Jacobi, Wiseman, 1978), or about 18 percent of the total population. Projected education statistics for 1981 show there are 37.3 million eligible "college-age citizens" (age 16-34), 9.1 million students enrolled in post-secondary institutions, 17.9 million students in secondary day schools and 3.0 million high school graduates (Frankel, 1976). If one estimates the disabled population at 18 percent, the numbers indicate that in 1981 there are about 6.7 million eligible "college-age" disabled citizens, 1.6 million students in post-secondary institutions, 3.2 million disabled students in secondary day schools, with 540,000 disabled high school graduates. The number of potential individual members of DISCUS runs into the millions. Across the United States, there are 3,190 post-secondary institutions of higher learning, 1,488 or 46.7 percent of which are public (Peterson and Davis, 1979). If only 20 percent of these institutions have disabled student organizations and offices to serve students with disabilities, we have over 1,200 potential member organizations.

STRUCTURE OF DISCUS

First and foremost, DISCUS is organized to be a workable coalition. All students with disabilities have an issue that touches all members of the coalition, namely, a disabled person's right to accessible education and mainstreaming. To make DISCUS work, our task is to help potential members recognize our common concerns and convince these prospective members that the joint action of a coalition is more effective than the seperate action of many smaller individual groups.

The DISCUS constitution is designed to 1) provide a clear-cut process for joint action, 2) establish a mechanism for resolving conflicts and creating a consensus, while assuring each member organization its own autonomy, and 3) ensure that the "distribution of influence within the coalition will not favor any one group (including the central staff) at another's expense" (Bowe, Jacobi, Wiseman, 1978).

Membership

Based on the model used by the American Coalition of Citizens with Disabilities (ACCD), DISCUS will have three membership categories. Organizational members are consumer-run groups, directed by disabled students. Associate members are organizations providing services for students with disabilities. These members are usually neither disabled nor students. Individual members not associated with any organization will also be encouraged to join. Post-secondary students, secondary students hoping to attend college, and parents who wish to prepare their disabled child to attend college are all welcome to join. Membership dues will be affordable, even on a student's meager income - $5.00 for an individual membership, $25.00 for an organizational or associate membership.

Governing Bodies of DISCUS

The governing structure of DISCUS, based on the model developed by ACCD, will consist of a Delegate Council, a Board of Directors and the Central Staff. The constitution ensures that each one of these three bodies is primarily composed of disabled post-secondary students.

An assembly of the Delegate Council, which includes a representative from each member organization and delegate representatives of individual members elected at regional caucuses, is to be held annually. The Delegate Council is the source of all policy decisions, a key point for cross-disability interaction, an opportunity to create consensus, as well as a mechanism to resolve conflicts. The Delegate Council elects the Officers (all of whom must be disabled) and the Board of Directors each year. The Chairperson of the Board is also the President of the organization.

The Board of Directors is responsible for implementing the policy decisions issued by the Delegate Council. This is another opportunity to create cross-disability cooperation, increase sensitivity to all types of disability, and resolve conflicts precipiated by the day-to-day operation of the organization.

The Central Staff is responsible for actively acquiring information from members and relaying this information to other members. The information may be relayed verbally, and, more importantly, in a regularly published newsletter. Above all, the staff must be objective and must not use their position to advocate personal viewpoints. Communication amongst many diverse disabilities and cross-disability cooperation will be promoted in this way.

The demand for a disabled student coalition, which will create an environment conducive to the establishment of cross-disability cooperation and the initiation of strong joint action, is evident. DISCUS provides a coherent foundation upon which this coalition can be constructed. Careful consideration has been taken to make DISCUS both workable and feasible from the standpoint of a typical college student. The constitution contains safeguards so any person in a position of power is accountable and liable for his or her actions; this includes strict regulation of monetary transactions by an externally run accounting firm. Misuse of power is a common denominator among defunct organizations.

Finally, I would like to conclude with the words of Benjamin Franklin, "we must all hang together, or surely, we will all hang seperately".

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ISSUES IN THE TESTING OF HANDICAPPED PEOPLE

Susan W. Sherman, National Research Council

ABSTRACT

In attempting to ensure fair treatment of handicapped people in the testing situation, the regulation implementing Section 504 of the Rehabilitation Act of 1973 imposed substantial new requirements on test developers and users. While some of the requirements have been met, others have not, with the result that some handicapped people may be seriously disadvantaged when scores on standardized tests are used to influence decisions at important points in their lives. Some test developers have modified their tests for administration to handicapped people in a thorough and conscientious manner, supplementing the scanty scientific literature with advice from experts knowledgeable about problems that accompany handicapping conditions. But such efforts are far from universal. While there may exist serious theoretical and methodological impediments to full compliance with the regulation, there also is far more that can be done with available psychometric theory and methods to improve the testing of handicapped people.

PSYCHOMETRIC REQUIREMENTS OF THE REGULATION

Many of the most important decisions made about an individual in our society—placement in advanced, remedial, or special education programs; admission to college and professional schools; selection for apprenticeship, employment, and military assignment—are made with reference to test results. While some find the negative effects of test use and test abuse reason for complaint, reform, and even the banning of tests, others staunchly defend the right of all individuals, without regard to their native language, past experience, or physical or mental disabilities, to take standardized tests and to be considered on the basis of their merits along with all others who take tests. In short, denying people the opportunity to take a test as part of applying for a position in a school or the work force is seen as denying their civil rights. To assert that the test scores resulting from a modified administration of a test cannot be compared directly with others is to further frustrate and denigrate those handicapped people trying to demonstrate their abilities to participate fully in American society.

The regulation implementing Section 504 of the Rehabilitation Act of 1973 specifies four requirements regarding testing for admission to postsecondary educational institutions that bear directly on the psychometric characteristics of the tests. (This paper will not address requirements like those regarding timeliness of test administrations or accessibility of testing sites: these are not psychometric issues.) Since there have been no compliance reviews of these testing requirements and since there is as yet no case law, the authoritative interpretation of these sections of the regulation is still unsettled. Nevertheless, some implications seem relatively clear based on the history of the regulation and the interim policy. In operational terms, the regulation seems to require that test developers and users:

(1) modify tests and test administration procedures for use with handicapped people,

(2) construct and administer tests in such a manner that they reflect skills independent of disabilities,

(3) report scores for handicapped people in a manner such that they are indistinguishable from those for nonhandicapped people,

and

(4) validate tests for handicapped people for the purpose at hand.

These requirements were based on the assumption that handicapped people can be tested in a way that will not reflect the effects of their handicap and that the resulting test scores will be comparable to those of nonhandicapped people. However, for a number of reasons there do not currently exist fully developed test modifications suitable for all handicapped individuals, nor is there information about the comparability of available tests for handicapped and nonhandicapped groups. There have been theoretical uncertainties as to how to proceed in order to allow full compliance with the Section 504 regulation.

Since there is, on the other hand, no proven convenient and efficient alternative to tests as a means of assessing satisfactorily the performance of handicapped individuals for decisions regarding admissions to postsecondary educational institutions, the Office for Civil Rights, as an interim measure, decided not to find an institution out of compliance with the regulation if it continues to require scores on admissions tests for all applicants, even though the possibility exists that the scores may not accurately reflect the abilities of disabled people. The institution must ensure, however, that its admissions procedures take into account other factors that would contribute to a balanced evaluation of a candidate's abilities, a practice that is considered proper in evaluating all candidates, no matter what their special circumstances.

The crucial question is whether psychometrics can satisfy the testing requirements of the regulation. The work that has been done to improve tests for handicapped people is sporadic and falls far short of meeting the four requirements listed above. The most pressing current need is for validation of tests for handicapped people. Virtually no educational tests currently in use are adequately validated and normed for use with handicapped people. Scores for handicapped examinees who require modified forms of the two major college entrance tests are identified as being different from those for nonhandicapped people and also as having unknown validity and meaning. Most of the educational tests given to large groups of examinees have been modified so they can be administered to handicapped people, but there is serious doubt that any test has been adequately demonstrated to reflect accurately skills independent of a handicap.

VALIDATION OF TESTS FOR HANDICAPPED PEOPLE

The Section 504 regulation requires that a test that has a disproportionate adverse effect on handicapped people be validated for the purpose in question and precludes using that test if a test with less adverse effect is shown to exist. The regulation further requires that postsecondary educational admissions tests be validated against first year grades in the educational program and that studies be conducted periodically against the criterion of overall success in the program. Thus, the drafters of the regulation very clearly emphasized the importance of demonstrating the validity of tests for handicapped people.

Neither testing companies nor colleges or universities have routinely conducted either kind of validation study—against the criterion of first year grades or success in the program. The major reason given is the small numbers of handicapped students who take a certain adapted test and who subsequently enroll in a given institution. Validity studies for the standard forms of admission tests are conducted separately for each college or university. They may also be conducted separately for each academic department or program, as in the case of the Graduate Record Examination with its Advanced Tests in 20 disciplines. The validation studies are usually conducted every year as a check on changes in the populations of applicants or matriculants or changes in the grading scales (the well-publicized grade inflation of the late 1960s and 1970s). Therefore, there must be a sufficient number of students entering a given school or program in a given year if a validation study is to be undertaken. There usually are not enough handicapped students entering one school in any given year to conduct the regular type of validation study.

The administrative arrangement for conducting validation studies is that institutions may elect to subscribe to the validation service offered by the test developers. The subscribers supply students' first year grades to the testing companies, who perform the data analysis and report the results to the institutions. In the case of undergraduate schools, regression analysis is used to see how well the admissions test scores alone predict freshman grades as well as how well high school grade point average in conjunction with test scores predicts first year grades. Other predictors, such as variables representing extracurricular activities, can be added to the regression equation, but, in general, the best predictors have been found to be grade point average and admissions test scores (Skager 1981).

The testing companies have argued since the drafting of the Section 504 regulation that analogous studies could not be conducted for handicapped people because of the small numbers. Recently, however, there have been signs of change as research methods that were developed to study other relatively small groups such as minority groups manifest promise of applicability to handicapped examinees. The research staff at the Educational Testing Service has developed and used methods of pooling data across institutions or years in order to increase the numbers of minority group members to a level sufficient to study statistically (Braun and Jones 1980, Dempster et al. 1979, and Rubin 1980). They are currently conducting two studies, one of deaf students at the California State University at Northridge, and one of learning disabled students at Curry College in Massachusetts and aggregating the data across several years. Such efforts indicate that validation studies of tests for handicapped people are possible, at least in some settings.

COMPARABILITY OF TESTS AND FLAGGING OF TEST SCORES

The prohibition of preadmission inquiries regarding a handicapping condition, which was added to the regulation following the period of comment, had ramifications that doubtless far exceeded the expectations of the drafters of the provision. This requirement prohibited the usual practice of the testing companies of noting on the score reports to educational institutions that a score resulted from a nonstandard test administration. In most cases, this "flagging" is equivalent to identifying the examinee as handicapped. The abandonment of the practice of flagging was clearly what the drafters had intended, because many handicapped people felt the involuntary disclosure of the fact that they are handicapped was not only a violation of their rights to privacy but an impediment to their opportunity to be considered equally for admission to postsecondary educational institutions.

These considerations notwithstanding, the solution to the problem was not a simple removal of the designation of nonstandard administration on score reports. The testing companies argued that they must be allowed to continue flagging scores resulting from nonstandard administrations. To remove the flag would imply that scores from the modified tests were equivalent to, in fact, indistinguishable from, scores on the standard forms. There were many reasons to argue that universally removing the flags would violate the test developers' professional ethics and would in many cases work to the disadvantage of handicapped examinees. Primary among them is the fact that handicapped examinees' scores have not been shown to be comparable in any sense to those of nonhandicapped people.

The purest, most unequivocal form of comparability would involve equating a modified test with the standard form of the test. "Equating" is a technical term which describes a process of calibrating two or more alternate forms of the same test, measuring the same abilities, and used on the same population of test takers. Without question, the ideal situation would be to have tests produce strictly equivalent scores for handicapped and nonhandicapped people, because successful equating lends constancy of meaning to test scores, over time and across applicant groups.

This is the definition of comparability that producers of tests have understood the regulation to require. During formal comment on the proposed and draft regulation they protested, with ample reason, the impossibility of complying with such a requirement. One impediment to equating test scores resulting from standard and nonstandard administrations is the largely uncharted effect of varying the mode of test administration. Psychometricians simply do not know yet precisely how scores are affected by translation of a paper and pencil test for oral or tactile presentation or by removal of the time limits. In other words, there is insufficient reason to believe that a standard test and its modified counterpart can be considered "the same test."

Furthermore, modifications in the medium in which a test is administered have unknown effects on the cognitive processes called upon by the various types of test questions. Such effects are extremely difficult if not impossible to measure empirically. Deleting certain types of items from a test--for example, removing cartography questions from orally administered tests--further increases doubt regarding the similarity of the standard and modified test forms. It is, therefore, not clear that the same abilities are being measured.

Finally, because the present strengths of psychometrics are empirical rather than theoretical, relatively little is understood about the mental processes underlying test-taking behavior, or the specific deficits or the special skills developed by people with handicaps as a result of their visual, aural, or motor impairments. In addition, the techniques most commonly used to equate test forms require that the same population of examinees takes at least portions of all forms of the test. When dealing with a population as heterogeneous and necessitating as many special adaptations as handicapped people, this seems virtually impossible. In general, then, the test developer cannot consider the handicapped and nonhandicapped populations the same in the sense assumed by the technology of equating.

For these reasons, test developers concluded that, despite the policy articulated by the Office for Civil Rights, modified tests could not be considered to produce scores that are strictly equivalent to those produced by standard administrations. Adherence to well-established psychometric principles and practices led them to insist that test scores for handicapped examinees must be identified (flagged) as having unknown validity.

Concern over the effects of flagging are serious and divisive among handicapped people, test developers, and others. While some hold that the identification is detrimental to handicapped individuals, others contend it is not and may even work to the advantage of some disabled people. The research literature on stereotypes and labeling gives no simple formula and, in fact, seems to indicate there is no single dominant effect on the decisionmaking process. In some situations the knowledge that a person is handicapped does seem to work to his or her disadvantage, but in others it may be beneficial or have no perceptible effect. Thus, science supports neither universal prohibition nor allowance of flagging test scores.

PANEL ON TESTING OF HANDICAPPED PEOPLE

The Panel on Testing of Handicapped People is nearing completion of a two-year study of these and related issues. The report of the Panel, to be delivered to the Office for Civil Rights of the Department of Education in the fall of 1981, will discuss the Panel's deliberations of these issues, outline the proposed research needed to answer the most critical questions, and suggest changes in federal policy intended to improve the testing of people with handicapping conditions and to help ensure their civil rights as they compete for places in American schools and in the labor market.

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HANDICAPPED STUDENTS AND STANDARDIZED TESTS

Marjorie Ragosta, Educational Testing Service, Princeton, New Jersey

Standardized tests are regularly given to large groups of students under rigidly controlled conditions from which there are--or should be--no deviations. Special test administrations for students with disabilities have been offered for many years--administrations in which the conditions of testing or the version of the test were other than standard. For years test scores obtained as a result of a non-standard administration have been labeled as such when forwarded to colleges or universities. Government regulations have recently cast doubt on the continuation of that practice.

The project described in this paper was designed as a pilot study of handicapped students and the SAT. Its purpose was ambitious: to assess the concerns of handicapped students about standardized testing in general and the SATs in particular, to identify problems specific to certain disabilities or common across disabilities, to alert the College Board and ETS about the findings, and to make suggestions or recommendations for future work.

One of the first things to become apparent was that "the handicapped" did not hold as a group. Even among students with the same disability (e.g., blindness), factors such as the severity and duration of the handicap, the age at onset, the progression of the disability, and the individual's adaptation combined to create a wide range of handicapping conditions. One pervasive handicap, however, was common with students across many disabilities: the attitude of the public toward the person with a handicap.

Recognizing the complexities of the two components of the study--handicapped students and standardized tests--we contacted 34 institutions by phone and selected 11 for in-depth interviews with students and support-services personnel. Interviews were obtained from students with a wide range of disabilities, including the deaf and hearing impaired, the blind and visually impaired, and those with physical or learning disabilities, including post-polio, cerebral palsy, muscular dystrophy, multiple sclerosis, dyslexia, etc. Most of the information about standardized tests obtained from the students fell into two categories: the conditions of testing and the test itself.

CONDITIONS OF TESTING

Most comments from students and administrators about the conditions of testing seemed to group themselves into three categories: a lack of knowledge of alternatives to a standard administration, interpersonal problems in test administration, and time and space considerations.

Lack of Knowledge of Alternatives

Most of the disabled students interviewed for this project had taken the SATs. A few had been able to avoid taking the SATs by going to a community college and transferring to a 4-year institution. One such student, legally blind and bitter about her educational experience, reported:

> ....I was held in the school of the handicapped for more than eight years and learned little or nothing. They're the main reason I am so far behind now. I was never even allowed to take admissions tests because they thought I would fail.

Two other students from hospital schools had taken the admissions tests and described how important they were to disabled students confined in institutions:

> ....For the handicapped, college is often the only way out of the hospital school. Scores on the SAT or ACT are vitally important because being handicapped means needing college more.

Almost half of the students in this study had taken the SATs in a standard administration but, of those who did, most felt they would have done better in a non-standard administration. Although some disabled students acknowledged knowing about non-standard administrations but preferring to compete in a standard administration, more often the reverse was true. Many students acknowledged their ignorance of alternatives to a standard test administration although they might have preferred it. "I would have been more comfortable if I could have had somebody to mark my answer sheet. I didn't know that was possible." (Post-polio student) ...."I took the test with the rest of the class. I didn't know I could ask for more time." (Deaf student) ...."If I had know I could have taken the test on campus--given by the director of Handicapped Students Affairs, I would have." (Quadriplegic student)

That the alternatives exist is not a matter of dispute; that their existence is not readily known and understood is a matter of concern. School counselors and test administrators seem to be differentially aware of the needs of the disabled students and the possibilities for adapting the SAT administration to those needs.

Interpersonal Problems in Test Administration

The conditions under which the SATs are taken are largely dependent on the test administrator so it is not surprising that many comments we received concerned our second point: interpersonal problems in communication between the disabled student and the test administrator.

It would be wrong to assume that most test administrators present problems to disabled SAT candidates or that most disabled candidates present problems to test administrators. Most test administrators encounter disabled students relatively infrequently and, until recently, only infrequently did handicapped students take the SATs. As more and more disabled students take advantage of the opportunities provided by recent legislation, test administrators may gain more awareness of and more experience with disabled students. Even now, many of the handicapped students reported comfortable conditions within the testing situation. "They treated me nicely," were remarks frequently heard by the interviewers. And we heard of many cases where extraordinary effort was made by many people to meet the needs of a handicapped individual.

> ....Students here must take an English Placement Exam. It was a large hassle but we finally got it put into Braille. It took 3 readers and proofers and much time before the job was done because the nearest sighted Brailler lived 45 miles away.... We were supposed to return that test but no way! We spent days and nights on it and we don't want it to leave our office. (Test Administrator)

One test examiner summed up the problem this way: "The most important thing with regard to testing the handicapped is to have a compatible person do the testing. We have one person who is handicapped who can deal candidly with the disabled. My feelings of inadequacy would make me tense--so I wouldn't be a good examiner. I feel inadequate."

From the student's viewpoint we hear about some of the problems: "I took the SAT alone with reader-teacher for 9-1/2 hours. With my type of blindness, after a while my vision blurs and I have to rest. I tried to be meticulous taking the test. I had one break (besides frequent rest periods) and then my teacher accompanied me to the bathroom and back--as though she didn't trust me not to cheat. My brain was scrambled after 9-1/2 hours, and isolation intensifies the interrogation process." (Blind student) ...."When a test administrator walks around, it is hard to hear what he is saying. I try...then I read directions again. I lose time." (Deaf student) ...."It would have been easier if there had been nobody there." (Cerebral-palsied student) ...."The test administrator kept coming in to see if I was finished yet." (Quadriplegic student) ...."I fought to take SATs. They said there was no large print version! A guidance counselor gave the test to me orally; she was aggravated when I had to ask her to repeat. I would like to have taken the test with somebody who believed I would pass." (Blind student)

Time and Space Considerations

One of the most common aspects of a non-standard SAT administration is the increased time permitted for taking the test. It is hard to disentangle time from the pressure students feel to finish the test and do well. Time and space considerations fade into one another when one considers the length of the test and the physical capacity of disabled students to measure up. The time for taking the test needs to be interspersed with time to rest. Most able-bodied students are tested between 9 and 12 in the morning. The time is extended for disabled students but this means that less able-bodied students (the handicapped) have to hold up longer under the physically exhausting conditions of the testing situation. Spaces between testing times could help alleviate the problem.

How much extra time do handicapped students need? This is a thorny problem for both students and test-administrators. Time-and-a-half? Double time? Unlimited time? There is little agreement among the disabled, even holding the disability constant.

> "Main problem is speed in writing. Professors give me extra time--2 hours = 2 hours, 45 minutes. I got extra time for SAT and did better than I deserved (690+)." (Post-polio student) ...."I need double time on math or reading. I did poorly." (Cerebral-palsied student) .... "Speaking personally, time limits are stupid. I need one day for math, one for verbal." (Severely disabled student) ...."It takes me longer to get it read and to write now that I function in another medium than print." (Student blinded in an accident.)

Among test administrators with years of experience in testing the handicapped, there was little agreement with regard to time limits:

> "Testing of the atypical student is more important than the testing of the typical student. Don't give handicapped students the additional handicap of time pressure." (Test administrator in the East) .... "Double time is enough time. No more is necessary." (Test administrator in the Midwest)

Space considerations were also a problem according to both students and administrators. People with mobility impairments of the upper extremities and students using Braille tests frequently reported concerns about space:

> "I need a place to put the papers--a table, so that my wheelchair fits and I have space for papers." (Quadriplegic) ...."The size of the test was difficult to work with. How about a loose-leaf book with pockets so people could handle the pages easier? Like one-at-a-time." (Mobility-impaired student) ...."Special tables are needed. Space to work is a real problem." (Post-polio student) .... "Could you split tests up into parts?" (Quadriplegic student)

Up to this point, we have been speaking about problems associated with the conditions of testing. We turn now to the standardized test itself.

The Standardized Test

Three area of concern were mentioned by students with handicapping conditions: the answer sheet, the SAT's subtests and items, and the test interpretation.

The Answer Sheet

The single most consistent complaint from the visually handicapped and the mobility impaired including those with cerebral palsy was the separate answer sheet.

> "If boxes (on answer sheet) were larger, that would be a big help. Bigger pencils would help too. I'd like to take it alone with a large answer sheet." ...."I'd rather bubble in the answers myself than have someone do it for me; I'd feel they were judging me." ...."Those little circles are hard to see. I'd like to mark my own test not the answer sheet."

The physical inability of many students to conform to the requirements of the machine-scannable answer sheet need not present the problem it sometimes has. A relatively straightforward solution was shared with us by a test administrator with years of experience. The legal-size answer sheet he uses is flexible enough to be adapted by him and others for use in all kinds of standardized testing situations. Even severely spastic students have been able to use the answer sheet without requiring an amanuensis except to transer the answers to the official answer sheet. This measure of independence could mean a great deal to handicapped students.

The Test Itself

With regard to the standardized test itself, students with disabilities commented on specific problems with specific subtests of the SAT and other standardized tests. Their comments included concerns about the format of questions, the clarity of graphic material in

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Braille or mathematical material in cassettes, and the overall complexity of so much printed matter on the pages.

Broader even than specific comments on the subtests and items of the SAT were comments from some handicapped students about the relevance of standardized testing.

> "Students who are handicapped from birth have a different frame of reference because of lack of exposure to 'normal situations.'" ...."Handicapped students often do not get a chance to socialize like others or gain experiences like others. So perhaps the test questions are less relevant."

However, most handicapped students recognized the need for testing. In a conversation two male students--one with cerebral palsy, the other a quadriplegic--discussed college entrance exams:

> "Do we have to measure up to somebody else's standards? We fight with ourselves everyday to perform." ...."But tests have to be standardized. It's got to be the same for everybody. But you need to be able to adapt them for people with disabilities so the disability doesn't affect the scores."

Questions of the relevance of the SAT for specific groups of handicapped students are related to questions of validity and/or the norming of tests for specific populations of handicapped students. From the perspective of some students--and administrators--it comes down to the question of test interpretation.

Test Interpretation

For many of the disabled students we talked to, the only benefit to taking a standardized test was fulfilling the requirements for college admission. But for some students that was not enough. They wanted to measure themselves in terms of everybody else. They wanted to assure themselves that they measured up to others. For those students the score report did not help.

> "Why take a test when the results can't be interpreted?" (Cerebral palsy)

They objected to the disclaimer about the difficulty of interpreting scores from a non-standard administration.

SUMMARY AND CONCLUSION

To summarize, a major focus of the study was on the conditions under which handicapped students took the SATs. Surprisingly, almost half of the handicapped students had been tested in standard administrations of the SAT, rather than in a special administration. For some students this was a deliberate choice but for most it was lack of awareness of alternatives. They simply did not know about the possibility of a special administration. Additionally handicapped students reported some interpersonal problems between themselves and others in the testing situation. This was not generally true, but it was reported more often than one would like to hear. Finally, many handicapped students reported on time and space restrictions which they felt were an additional handicap.

Disabled students were also asked about the SAT itself. Several areas of concern became apparent. For students with visual impairment and for students with motor impairment of the upper extremeties, the answer sheet posed great difficulty. Within the test itself there were specific concerns related to specific handicaps. The Braille and cassette version, for instance, contained questions involving graphs or tabular presentations of data which were reported not to translate well into Braille or onto tape. The vocabulary level of the SATs appeared to confound many deaf students. For most students taking the SATs in a non-standard administration, the discussion of score interpretation was a sore point.

Where do we go from here? Well for me, the results of this study have led to a program of research involving validity studies of the SAT for deaf students at a western university and learning disabled students at an eastern college. It has also lead to a major data collection effort within my organization, so that in the future we may be able to do the statistical analyses necessary to a better understanding of standardized tests for students with disabilities.

GUIDELINES FOR CAMPUS LIFE SAFETY AND THE HANDICAPPED

Linda Donnels, George Washington University

ABSTRACT

The state of the art of life safety and the handicapped is changing at this moment. People involved in making higher education accessible to students with disabilities are examining buildings and procedures to find ways to make sure campuses are well-planned with regard to life safety.

The term "life safety" encompasses a broad spectrum of situations affecting an individual, but in most common usage, refers to one's safety during major emergencies, such as fire or natural disasters. It is these emergency situations that have drawn the greatest attention from disabled people and student services offices. Other safety needs that pertain to usage of equipment, transportation, laboratories, for example, are not included in this initial discussion, but are an important part of safety planning as well.

As post-secondary institutions become more responsive to the needs of people with disabilities, it becomes apparent that providing access means much more than simply getting people into buildings. The next concern, or what properly should be considered concurrently with other planning phases, is egress -- how to get disabled people out of campus buildings once an emergency arises. Some guidelines for life safety planning which can serve as a starting point, will be presented.

INTRODUCTION

The first regional conference on "Life Safety and the Handicapped: College Concerns" was co-sponsored by the Nation's Capital Area Disabled Student Services Coalition (NCADSSC) and The George Washington University Office of Services for Student with Disabilites. It was held March 30, 1981 and drew participants from colleges, universities, and organizations in the Washington-Baltimore area.

The idea for a local workshop was first discussed following the outbreak of a fire in a residence hall housing disabled students at The George Washington University. The subsequent search for information and resources by the Office of Services for Students with Disabilities uncovered what seemed to be a timely need for similar information by the members of the NCADSSC, later to be echoed nationwide by colleagues in the Association on Handicapped Student Service Programs in Post-secondary Education.

An informal survey of colleges indicated that although many changes had occurred since the passage of Section 504 of the Rehabilitation Act of 1973, there was concern that adequate life safety designs and practices and emergency procedures had been planned. There was enthusiastic interest in the sharing of information to develop guidelines based on the best of what is being done currently. NCADSSC decided to facilitate such a project on a regional level.

To develop guidelines for a model campus life safety plan for the handicapped, it was recognized that a team effort would be required. It was also recognized that cooperation on the part of several groups would be necessary for effective implementation of the plan. To represent on a larger scale what might happen on various campuses, the conference was designed to recruit representatives from the student body, various campus departments, and officials from local fire departments.

The conference on "Life Safety and the Handicapped: College Concerns" provided a working format for sharing information and initiating a design for a model campus life safety plan for the handicapped. In the process of working together, conference participants discovered many ideas which not only addressed the life safety needs of people with disabilities, but enhanced the total campus life safety plan for disabled and non-disabled people alike. The guidelines for campus life safety and the handicapped presented here were drawn from comments gathered during the conference's small group activities. The guidelines are offered as suggestions to be adapted as appropriate according to the needs and population of each campus

GUIDELINES FOR CAMPUS LIFE SAFETY AND THE HANDICAPPED

I. IDENTIFICATION OF STUDENTS WITH DISABILITIES

A. Who would be considered disabled for life safety planning?

1. Students with disabilities as defined by Section 504 of the Rehabilitation Act of 1973
2. Students who are temporarily disabled due to injury
3. Students temporarily disabled due to drug or alcohol use
4. Students with hidden disabilities
5. Students who panic

B. How can disabled students be identified?

1. Stress self identification for safety reasons (hidden disabilities)
2. Use disabled student services office as resource
3. Ask residence hall staff to be attuned to temporarily disabled students, students who may have used drugs or alcohol

II. ESTABLISHMENT OF A LIFE SAFETY AND THE HANDICAPPED COMMITTEE

A. Who should be on the Committee?

1. A top level administrator with clout
2. Representatives from the following areas:
   - Safety and Security
   - Disabled Student Services
   - Student Life/Housing
   - Students (disabled and non-disabled)
   - Planning/Physical Plant
   - Health Service
3. Local fire department representatives

B. What should the Committee do?

1. Design a campus life safety plan including the needs of disabled people
2. Write guidelines for residential and public buildings which are emergency specific
3. See that the plan is implemented
4. Integrate procedures for evacuating disabled people into regular procedural guidelines
5. Have input into new building design (review plans for access, egress and safety features)
6. Evaluate and update the plan incorporating recommendations for new technology
7. Encourage students to take an active role in their own life safety

III. A LIFE SAFETY EDUCATION PROGRAM: PLANNING FOR CAMPUS AWARENESS

A. Combine life safety education for the handicapped in regular campus life safety programs

B. Use creative approaches to programming
   1. Peer education (students who have been in fires, for example)
   2. Simulations (mock-up danger areas, obstacles or injury during evacuation)

C. Encourage students to take responsibility for themselves and take a "pro-active stance"

D. Include handicap awareness programs

E. Market the program well

1. Use students to publicize
2. Include information applicable to disabled individuals in life safety brochures, posters and handouts
3. Present information realistically

F. Give attention to prevention to stop potential disasters

IV. BUILDINGS, DESIGN AND ENVIRONMENTAL MODIFICATIONS

A. Planning buildings and renovations

1. Life Safety Committee should have design input
2. Review plans for access, egress and accessible equipment
3. Review all projects to see how future buildings can be improved
4. Review for student population changes or change in building use

B. Design

1. Alarm systems and smoke detectors - adapt for hearing impaired students with strobe light, vibrator or fans
2. Stress the "human care system" - other students warn disabled students on the way out
3. Use a horn-type alarm instead of bells
4. Install telephone alarm systems (accessible phones)
5. Use computer monitor system to detect fire or smoke
6. Issue beeper or accessible phone for students not independently mobile

C. Areas of refuge

1. Design accessible areas of refuge
2. Publicize where they are and how long one can safely stay there
3. Investigate use of dormitory room as area of refuge

D. Escape routes and exits

1. Should be well-marked
2. Indicate accessible exits
3. Install tactile markers along exit route
4. Keep ramps unblocked at all times

E. Safety hazards should be well-marked or cordoned off

F. Elevators

1. Emergency phones and buttons should be accessible
2. Use or non-use of elevators in various emergencies should be publicized

G. Equipment

1. Install or retrofit alarm pull stations to be no more than forty eight inches from the floor; place near stairwells
2. Install hand-held fire extinguishers thirty six inches from the floor adjacent to existing fire extinguishers
3. Install accessible emergency phones or intercoms

V. TRAINING

A. Training of students with disabilities

1. Students should:
   - Participate (do not excuse disabled students!) in all drills and training
   - Practice escape routes and alternative routes
   - Know how to help others help in evacuations
2. The program should:
   - Use peer training
   - Involve Disabled Student Services staff in identifying training needs

B. Training of staff

1. Appraise the staff of their responsibilities under the building emergency plan
2. Offer periodic refresher courses
3. Involve department managers in training
4. Provide first aid/CPR training
5. Offer training as staff is replaced
6. Train if appropriate, in lifting techniques and other specific concerns involving severely disabled students
7. Provide handicap awareness programs
8. Stress asking the student what assistance is needed before acting

VI. RESIDENCE HALL CONCERNS

A. Select appropriate means of student identification -- may be different for each campus

1. Provide list of names to head resident? campus security?
2. Mark rooms or windows with decal or accessibility symbol?
3. Give student flag to display in window during emergency?
4. Consider confidentiality or personal safety constraints?

B. Offer accessible fire safety programs with content applicable to permanently or temporarily disabled persons

C. Involve disabled students in planning or conducting programs

D. Adapt equipment (alarm, smoke detector) for specific residents' needs

E. Plan in advance procedures for persons who are not independently mobile

F. Eliminate false alarms

1. Involve students in figuring out ways to stop false alarms
2. Set stiff penalties for violations
3. Provide realistic information on dangers of false alarms

VII. RIGHTS, RESPONSIBILITIES, AND LIABILITIES

A. Consider disabled students' rights

1. Right to make choices
2. Right to same living options as other students
3. Freedom of movement and access to campus

B. Give students life safety information and encourage students to make informed decisions

C. Stress that each student has the ultimate responsibility for himself or herself

D. Consult the university's insurance carrier for information on liabilities

VIII. COMMUNITY RESOURCES

A. Use local fire department officials and public education specialists in programs and planning

B. Involve disabled people from the community as regular resources

C. Use the resources of fire fighting and safety associations

CONCLUSION

These guidelines are just a starting point for shaping a total campus life safety plan. For any campus plan to be effective, it should include plans for the safety of people with disabilities. Since each campus is different, urban or rural, computer or residential, elements within the plan may differ. However, the consensus of the participants at the conference on "Life Safety and the Handicapped: College Concerns" was that life safety is for everyone. Updating campus plans makes a safer campus for everyone and that is the goal after all.

FIRE SAFETY AND DISABLED STUDENTS IN RESIDENCE HALLS OF THE UNIVERSITY OF CALIFORNIA, BERKELEY

Susan O'Hara, University of California, Berkeley

The City of Berkeley Fire Department, the Department of Housing, Child Care and Food Services, the Campus Fire Marshall, and the Physically Disabled Students' Program (PDSP) of the University have devoted considerable attention in the past year to improving fire safety for disabled students who reside within the University's owned and operated residence halls.

The following statement describes our progress at this time:

Most students who use wheelchairs are assigned to one cluster of four nine-story buildings within the Unit II Residential Complex. The buildings are of a Class A Construction (concrete and steel) and were completed in 1960. The wheelchair population of twelve in 1980-81 is integrated into the general population of approximately 915 in the unit.

Each of the residence halls has level entrance at its main door on the ground floor. Sleeping rooms (floors 2 through 9) are accessible by elevator. Disabled students are assigned to rooms on the second floor, one floor above ground level. There are no more than four disabled students in any one hall, on a floor of 20 students. Their rooms are on the street side, for easier evacuation through the window, if necessary. (It has not been necessary in the five years of existence of this plan.) The windows are 45" x 60", slide open, and the rooms are identified from the street by a 12" x 12" reflector emblem indicating the presence of a disabled student in the room.

Each building is managed by a staff of four students under the direction of a professional housing manager. Student staff are responsible for following emergency procedures in their building.

Most of the twelve wheelchair-users are severely disabled quadriplegic students who are clients of the Department of Rehabilitation and are entitled to special support services provided by a trained staff funded by a grant by the California Department of Rehabilitation. One staff member is on duty in an office in the unit 24-hours a day on an 8-hour shift basis. While the presence of this individual is an important factor in life safety, a variety of other procedures have been developed which do not depend on that staff person.

Smoke/fire Detection Systems are installed in the residence halls. The units are located in resident rooms and common areas. The units are of a two-stage design in all but the disabled students' rooms which are one-stage. In the two-stage operation, smoldering fire will activate a local alarm first inside the room. Then, any fire which raises the temperature of the room to 135°F will alarm the entire building and the Fire Department. Any fire in the corridor alarms the building and notifies the Fire Department immediately. The system is wired into a central control panel which indicates the building and floor where the alarm originated. In addition, the pull box on each floor calls the Fire Department directly.

A fire in the disabled students' rooms, on the other hand, alarms the entire building and the Fire Department. If lit, a fire annunciator light over a disabled student's room door indicates point of origin of the fire.

Four different forms of assistance overlap in attention to the needs of disabled students in case of fire. Not the least of these is the disabled student himself. Each student is instructed in self-protection procedures. Usually, at least one of the other three forms of assistance is quickly present to the student, but if he thinks that no one is aware of his situation, he knows the Fire Emergency telephone number and should call the Fire Department directly, telling the dispatcher that the fire alarm is sounding, that he is disabled, and his building and room number. (Each student must have a telephone that he can operate from his bed. We consult the telephone company for appropriate apparatus.) Students with severe speech disabilities have an accessible, pre-recorded message with the above information that they can play into the telephone.

If a student is in bed, the Fire Department will evacuate him directly from bed to the outside. Wheelchairs will not be used. The student should be prepared to give vital information such as the quickest way to disengage urinary drainage equipment. If he is in his wheelchair and in his room, he should remain there and shut the door. If he is elsewhere in the building, he should proceed to the outside stairway landing, off to the sides. As a last resort, he should go to an inside stairway, protected by a fire door from the corridor.

Students are considered safest in their rooms because (1) the hall staff, Fire Department, and staff member for disabled students know he/she is there; (2) the student has access to his telephone; and (3) if the door is shut, the student has essentially an "area of refuge" built around their room that is approximately one hour fire resistive construction.

The second agent of assistance is the Physically Disabled Students' Program staff member on 24-hour duty for disabled students. When he/she hears an alarm in any one of the four buildings, he/she is to proceed (if possible) to the first floor of the hall involved; and check the annunciator light over each disabled student's room. If a light is found on over one of the doors, the staff member will immediately respond to that room for rescue assistance. If none is lit, he is to check the rooms of the four disabled students, shut the doors, and remain in one of the rooms until the all-clear signal. If evacuation is necessary, he will prepare students, e.g. disengage drainage equipment from the bed. He is not authorized to use the elevator. Whether the staff person enters the building in the first place depends on his judgment of the conditions and/or orders of the fire personnel. To date, fires have been small and contained. Alarms are usually false, activated by pranksters or malfunctioning smoke detectors.

The third agent is the student housing staff who reside in the building. Among their duties in case of fire alarm is to check the status of all disabled students' rooms.

The fourth form of assistance is the firefighting force at the scene. Early this year, representatives of the Berkeley Fire Department, the Campus Fire Marshall, a senior staff member of the university Housing Department, and the Coordinator of the Physically Disabled Students' Residence Program met to discuss mutual problems experienced in residence hall emergency procedures. Discussion at the ensuing six meetings evolved to a complete examination of current procedures in all residence halls, not only the ones housing disabled students. The meetings were extraordinarily productive and established better mutual understanding and communication among participants.

Information exchanged at the meetings included facts about the disabled student population and their location, services available for disabled students, current emergency policies, and services and procedures of the fire department. The group defined troublesome issues, resolved many of them, and revised instructions to residence hall staff, assistants for disabled students, and disabled students themselves.

The two engine companies which primarily respond to the residence halls tours the building, noting the rooms of disabled students. (The rooms are identified in the Fire Box as "Urgent".) Through the Fire Department's Community Involvement Program, ninety members of all engine companies attended a 3-hour meeting with disabled residents and relevant staff. These meetings served to dispel stereotypes of both disabled persons and firefighters, by providing small-group conversations, giving information on the physical facts of disability and on the Physically Disabled Students' Residence Program, and outlining emergency procedures. At a later time, the Fire Department demonstrated fire equipment and rescue procedures in the residence halls, with disabled students primarily in mind.

It was agreed at these meetings that communication is extremely important, that many issues of safety for disabled students can be solved, and that fire safety was of importance to all the participants. At least one yearly meeting will be scheduled for review of procedures.

Accommodations for hearing-impaired students are done on an individual basis. Last year, the two student residents with severe hearing impairments could detect the sound of the standard alarm. No adaptations were necessary.

At the present time, the Campus Fire Marshal is making recommendations to our Housing Department to look into strobe light alarm systems, vibrating alarm systems and alarm actuated high speed fans.

DISABLED STUDENT ACCESS IN THE 80's: SELECTIVE PERSPECTIVES AND PROJECTIONS

Ron Blosser, Southern Illinois University at Carbondale

ABSTRACT

This essay comments on some representative trends, projections, and planning needs for disabled student service programs. Specific and general observations are offered concerning program coordination and management, program models and guidelines, student population patterns, numerous service and program needs, role of program staff, recruitment and admission, and student retention. Many factors bear on the development of disabled student access, and it is predicted that the 1980's will bring stronger need for management of program resources and long-range planning.

Introduction

The area of disabled student services has really only emerged in the past five to seven years, and it has developed and progressed at a rapid rate. Due to the rapid growth, the many innovations, the large number of institutions which have made a commitment, and the "newness" of the area there is more than ample reason to look toward the future. The writer will abjure a retrospective survey and focus, rather, on some possible needs, projections, and trends in the coming years. Before proceeding further, the writer must note that the following comments are made as one means to promote continuing dialogue, debate, and study. The numerous comments, viewpoints, and suggestions reflect the writer's background, exposure to other campus programs, and review of extant information and resources in the field. Some of the following observations are narrow in scope while others may be more general.

Management

The era of designing for disabled student access, physically and programmatically, has experienced a relatively high level of institutional and public awareness. There is no doubt that the level of awareness was propelled by Section 504 and strong advocacy efforts.

Due in large part to the requirements under Section 504, one should pragmatically expect that institutions will maintain some level of resource support for facilities development and support service programs. On a grossly comparative basis, it is probably true that disabled student service programs (including physical facilities access) have received a somewhat disproportionate share of institutional resources since 1977 -- based on resource support committed to other student service areas such as counseling services or career planning and placement. Although unlike most student service programs, that is, those which do not operate under legal requirements, disabled student services (dss) programs will likely command "equal time" in comparison with other student service areas for resource support from the institution.

We should again note that the dss program area has been subject to some degree of novelty and perhaps, "fadiness". As the novelty wears-off or subsides, dss programs will need to more keenly compete for institutional resources. And as it is now abundantly clear, those total institutional resources will be limited or as is more likely, severely reduced.

There will be a clear need for dss program staff to become better managers but more pointedly, better managers in order "to do more with less". There is clear need to gather and bear the hard facts about accommodation needs and the associated costs, changing patterns in the disabled student population, and the benefits of equal accommodation and access as a human resource investment.

The dss program area, in a general sense, lacks hard facts on the real resource needs for support services. In a recent study, Radow (1981) makes note of the institutional investment for facilities access development since 1977. Far greater funds were committed to facilities access versus programs and services; one would predict this result based on the Section 504 deadlines. Although the investment in facilities access may appear to be large, the necessary investment for support services over a period of years will be far greater for many institutions since facility access is essentially a "one-shot" expenditure while support services necessitate recurring expenditure from year-to-year.

The need for resource support for support services has been vastly overlooked since implementation of Section 504. The primary focus and national attention has been leveled on cost for facilities access development. Our campus dss programs along with AHSSPPE might be encouraged to better document, and share information about dss programs costs (as well as cost-efficient service delivery systems). Subsequent positions of this essay address related management concerns and planning.

Section 504

The regulation has had a profound effect on producing tremendous growth and progress of campus dss programs. A potentially adverse effect of the regulation is that some institutions may view their current or future commitment based soley on the "letter" of Section 504. In the current age of limited or reduced institutional funds, there is even greater likelihood of such a narrow perspective or framework. We need to guard against limited or narrow interpretation of Section 504 since student needs can too quickly become secondary to "institutional needs" for maintaining compliance.

Those of us working in the dss program area should first-and-foremost focus on student development needs and programs rather than operating a "504 program." Overly zealous emphasis on Section 504 can of course have an obvious negative influence, and may even place additional stigma on disabled students and a dss program and its staff.

Although Section 504 does indeed require institutions to provide certain facilities and services for disabled students, special care should be exercised to develop service delivery systems which promote student responsibility and independence and reduce caretaking and dependency. Those institutions in the earlier stages of dss program development might benefit from broader dissemination of information about highly specific service-delivery systems and modes which enable, and promote student responsibility and independence.

Program models and guidelines

The 504 regulation has resulted in a wide spread effort by many campuses and organizations to integrate services and disabled students, and this has been a highly positive outcome. At the same time, however, there has been some oversight of the political and pragmatic need for an appropriate level of central coordination of support services. This is not to suggest a highly centralized support service delivery system but rather an approach to (a) coordinate the overall campus effort, (b) reduce possible competition among departments for support service funds, (c) identify student needs and to develop effective yet cost-efficient systems and services to meet those needs, (d) overall monitoring and management of resources, and (e) in general, maintain stability and integrity of the overall program.

We need to bear-in-mind that very few campus offices or departments will have as their number one priority service and accommodation of disabled students. In the absence of some centralized coordination of the program, overall priorities and needs may too likely get lost or ignored. Again, reduced institutional resources could have a profound negative impact on a dss program unless there is an identifiable means of centralized coordination.

A significant need exists for more extensive information about program models, philosophies, service delivery systems and coordination styles or approaches, and general program guidelines. Although there has been greater evidence in the literature of such matters (see McBee and Cox, 1974; Schworles, 1977; Kloepping, 1977), strong need remains for more global as well as highly specific information on various styles, approaches, and guidelines. Support programs for deaf students, as an example, have received more focused attention in terms of general and some specific program guidelines (Stuckless, 1973; Gallaudet College, 1979), and similar guidelines may be needed for serving general populations of disabled students.

Student population patterns and characteristics

Extremely limited data is available concerning the past and current number of disabled students enrolled in college. That data available would seem to be extremely unreliable given problems in identifying students, and data gathering techniques. It is estimated that for September, 1978, approximately 2.6 per cent of all beginning college freshman were physically disabled (President's Committee on Employment of the Handicapped, 1981). Radow (1981) reports that for academic years 1976-77 through 1980-81, there was some apparent increase in the number of disabled students enrolled in 298 public and independent institutions which were surveyed. For each year the overall reported percentage of disabled students was less than one percent of the total enrollment.

The data has very limited usefulness for long-range planning purposes when we recognize that the resource support needed for dss programs varies greatly for students with different disabilities and even with those having the same nature of disability. Anecdotal reports from numerous institutions (to this writer) with established dss programs prior to implementation of Section 504 very clearly indicate changing patterns in the disabled student population. In addition to an increase in the total population of students, these institutions have experienced an increasing proportion of students with severe disabilities (e.g., students who are functionally quadriplegic) and those with "hidden" disabilities.

There is no denying the fact that, as a general rule, support service needs and costs will increase with a larger population or proportion of severely disabled students. Urgent need exists for dss programs to document and report support service needs and costs. Furthermore, need exists for institutions to more broadly share this data in order to assist all institutions but especially individual dss programs in their short-and long-range planning. An accurate record of the past and current enrollment of students, by specific nature of functional disability, as an example, is a must for coordination and management of a dss program. Such data is directly beneficial in projecting specific support service needs as well as needs for personnel, special equipment, etc., on a long range basis. Each of us should anticipate administrative requests for solid data of this nature, particularly in view of tighter institutional budgets.

Support services/campus services

One might rightfully expect that the future will bring need for expanded support services to disabled students. But at the same time one could predict that as our campuses become increasingly attuned to accommodation of students, less need will exist for special support services. As our field of dss programs continues to mature, new or different means may be found to integrate support services with traditional campus or student service programs as well as academic programs.

The future will hopefully bring increasing numbers of students who have attended regular secondary schools and as a result, are better prepared for the rigors of a competitive collegiate environment. If past and current trends continue, and there is every indication to think they will, students with more severe functional disabilities will be enrolling. And obviously, the total number of disabled students will most likely increase as more-and-more institutions "open the door." We might therefor also predict an increasing proportion of disabled students with less than adequate entry level academic skills. Again, some anecdotal reports received by the writer indicate that this trend has already affected some campuses. Our dss programs in conjunction with other campus units may have need to greatly expand academic support services in the basic skill areas, tutorial assistance, academic survival skill building, etc.

Other physical and academic support services, especially those that enhance independent living skills have already received greater focus and this is a very positive development. Numerous other student affairs and academic affairs areas may need greater development. Campus medical or health service centers may be in need of special focus efforts to serve disabled students -- again, due to projected larger proportions of students with severe functional disabilities. Campus libraries are a key component on any campus, and organizations like AHSSPPE may need to disseminate information about effective and cost-efficient means for full accommodation of students. Residence hall areas are similarly a key point as means for physical and social interaction, and integration. The dss program area is in need of more extensive information, specific examples and innovations, whereby disabled and nondisabled students can receive the maximum degree of social interaction or mix while at the same time providing proper facilities and safety.

Campus career planning and placement services are seemingly of high interest, and with respect to disabled students, there continues to be need for greater development in this area. Limited information is available on what specific practices, approaches, and services really serve the best interest of students for entering the work-world. Growing numbers of disabled students are entering diverse academic majors, and this factor will probably require new skills and approaches on the part of placement staff such that students will secure competitive employment. The increasing proportion of students with severe functional disabilities will also require renewed efforts by placement personnel.

The support services frequently offered by a dss program or office may undergo change or expansion as a result of changing student population patterns or characteristics. Among these are transportation services, services to learning disabled students and hearing impaired students, and academic support services. The learning disabled population has prompted concern from many quarters. Service delivery systems for the LD population are beginning to emerge, and like other service areas, there is need for more information sharing if campuses are to adequately address student needs. Two matters requiring further clarification is the institutional responsibility, if any, to provide (1) diagnostic services to students suspected of having learning disabilities, and (2) specialized tutorial services for students with diagnosed learning disabilities. Provision of these services requires a substantial institutional commitment of resources since special personnel are needed to provide the services.

The preceding areas of concern or need are intended to be representative rather than exhaustive in nature.

The dss staff role as "educators"

A singularly significant development in recent years is the strong effort by dss programs to provide in-service training and similar consultative services with campus faculty and staff. This effort has also been accompanied by production of quality training materials, manuals, handbooks, etc. Publication like The College Student with a Disability: A Faculty Handbook (Smith, 1981) and separate institutional publications such as those from the University of Missouri (undated), Kent State University (1980), and the University of Vermont (undated) are major contributions. Organizations such as the Center for Education for Non-Traditional Students, and the American Association for the Advancement of Science have been very active in providing training workshops for college faculty and staff.

Martha L. Walker (1980) has made particularly pointed, and insightful comments and recommendations on the role of faculty in working with handicapped students. Her article might well be required reading for entry level staff in dss programs.

Staff with dss programs and disabled students frequently sponsor and conduct other in-service training and awareness-building activities with nondisabled students. This role for dss programs is ideally suited for making positive and often, preventive interventions with faculty, staff, and nondisabled students. The role fits perfectly with the 'student development model' (Brown, 1972; Miller and Prince, 1976) and represents a key area where dss programs can actively apply their expertise as student development specialists.

There is, however, future need to more systematically evaluate these interventions (e.g., in-service training, disability simulations, and other awareness-building structured programs) since, as Beatrice Wright (1980) has noted, actual positive attitudinal change resulting from such activities is sometimes limited. Negative emotional reactions by participants have been found by some researchers. Stigma towards disabled persons may, in fact, be greater.

Means to better evaluate such activities might be a goal for dss programs and for AHSSPPE. Straightforward and yet easily adaptable evaluation procedures and mechanisms would assist many campuses, and assist in the planning and conduct of in-service training, disability awareness activities, etc.

Another major area that dss programs might address is attitude change approaches with nondisabled students. This area is being addressed in various formal or highly informal (unstructured) manners by dss programs and disabled students.

However, a future goal might include development of structured mechanisms to promote positive awareness, and to reduce stigma. As an example, dss programs could explore means to systematically include discussion about disability and related matters in specific academic courses across the campus -- as a regular part of course content. These courses might include those found in business, the sciences, engineering, etc. -- primarily to and for nondisabled students.

The problem of stigma remains and, as noted in some research, nondisabled students recognize that stigmatization occurs on a campus although they do not perceive themselves as contributing to the problem -- other nondisabled peers hold negative attitudes (Babbitt, Burback, and Iutcovich, 1979).

Recruitment and Admission

The total area of recruitment and admission of disabled students will require continued attention and emphasis. Recruitment and admission is a high process area for the prospective or newly admitted disabled student and includes pre-application inquires, quality and adequacy of material describing the dss program, campus visitation, pre-enrollment planning for support services and financial arrangements. In comparison with nondisabled students, pre-admission and pre-enrollment planning with the disabled student is far more intensive and, critical.

Those institutions actively seeking to attrack more disabled students can be encouraged to give special attention to the recruitment and admission area, especially pre-admission and pre-enrollment planning services with prospective and newly admitted students. DSS programs may likely need to commit additional resources, but staff time in particular to this area.

It was only a few years ago that many college-bound disabled persons were often forced to select a college largely based on the adequacy of physical access and support services rather than on the basis of academic/career interests. The situation has now improved to the point that institutional academic offerings will play a larger role in the college-bound disabled person's choice of an institution. Institutions with established dss programs prior to implementation of Section 504 will likely note some shift in the disabled student population pattern or characteristics.

There may be greater need for dss programs, at institutions within a particular state for example, to more regularly refer potential/prospective disabled students to appropriate institutions based on academic offerings and the academic/career interests of the disabled person. This would be a very positive development or trend since one would predict that the disabled student's "employability" will be significantly enhanced if she/he attends an institution with the most appropriate academic offerings.

"Sub-populations" of the disabled population including women, nonwhites, and older persons may well be under-represented in higher education. There is clear evidence, for example, that the incidence of disability is higher within minority populations; it is unclear whether the population is appropriately represented or even identified, encouraged or attracted to consider and pursue higher education (McMurray, 1977).

It is also unclear whether women and older adults are adequately represented, identified, and appropriately encouraged to consider higher education. These matters of identifying and attracting nonwhites, women, and older adult students with disabilities is an area that dss programs might appropriately pursue via institutional recruitment and admission efforts. Expanded or different approaches may be required to adequately identify and attract these populations.

There is also need to be sensitive and aware of the different or additional stigma that nonwhite and women students with disabilities may themselves encounter or the stimatization that can be incurred from other students. Again, preventive interventions on the part of dss staff and student peer groups may be necessary to reduce stigma and negative attitudes.

Recruitment and admission efforts will also require continued development of positive working relationships with vocational rehabilitation agencies, the regular secondary school systems, rehabilitation centers, etc. Given the growing number of disabled students in attendance at two-year institutions, four-year institutions should clearly anticipate a growing population or proportion of disabled students transferring from two-year institutions. This may necessitate closer working relationships between two-year and four-year institutions.

Retention

Student retention might be defined as how or why students fail or drop-out as well as why or how they succeed or graduate. Many postsecondary institutions have become rightfully concerned about improving student retention. One key component is the availability and adequacy of student service programs.

Our dss programs are in many ways directly designed to improve disabled student retention, and to reduce attrition. The field of dss programs would greatly benefit from a thorough study of those factors that most directly contribute to the retention or attrition of disabled students. We know, for example, that among the general student population, a caring attitude of faculty and staff is a high positive influence factor for retention. Also, the student who identifies a "mentor" (usually a faculty member) that takes special interest in his or her program and development is more likely to succeed and graduate. Inadequate academic advisement is a major negative factor influencing retention (Beal and Noel, 1979).

What services, programs, extra-curricular activites, and people most directly influence disabled student attrition or retention? We don't really know. Information or data of this nature would tremendously assist our field. DSS programs would be enabled to better establish priorities for service-delivery, modify existing services and programs, and effectively manage the use of available resources.

Cooperative Relationships

In the process of serving and accommodating students, dss programs must of necessity interface and cooperate with a large number of publics, on-and off-campus. Vocational rehabilitation agencies are a key point of contact and communication. More often than not, or so it appears to the writer, adversarial relationships tend to develop with VR agencies and personnel. Campus models, approaches, and styles of cooperation and interaction with VR agencies need to be identified and more broadly disseminated. This point of interation can be a very critical factor for students, and dss programs might actively seek out means and avenues to facilitate the working relationship.

Other points of interaction such as those via secondary school systems, rehabilitation centers, other postsecondary institutions, etc., also merit additional attention.

Preparation and training of dss staff

As the dss program area continues to develop and mature, and as programs become established or "institutionalized", there will be need to focus greater attention on the appropriate or variable preparation and training backgrounds of entry level dss staff. The need for this is vividly apparent based on the fact dss programs are labor or personnel intensive (most program resources are committed to personnel salaries) and the professional and personal background as well as characteristics of staff will make all the difference in terms of program philosophy, service-delivery styles, program management, positive and growth promoting interactions with students, etc.

A set of rough guidelines for dss program staff have begun to emerge in terms of appropriate training and experiential backgrounds (Marx and Schmidt, 1980; Kloepping, 1977, 1975; Blosser, 1978; Bellin and Aisen, 1979; Foster and Kapisovsky, 1975). Such guidelines will be especially helpful to those institutions where dss programs have more recently developed.

This writer would trust that training and experiential background guidelines might include a heavy emphasis on 'student development' principles, knowledge about disabilities, attitude change and other intervention strategies, etc. Additional areas of concern might include management systems, physical and programmatic access approaches, consultative skills, and strong counseling or interpersonal communication skills.

Summary

This essay has attempted to reflect some representative trends, projections, and planning needs. Program coordination and management appear as priority need areas in an era of reduced institutional resources. Changing student population patterns or characteristics should be of special concern to institutions as should methods to improve student retention. Disabled student attrition and retention merit especially strong focus in the near future. Selective campus services and programs impacting more directly on the disabled student are similarly in need of further study and development not only to benefit students on a single campus, but through dissemination of data and other information to assist dss programs and students on other campuses. A current need exists to share information about effective yet cost-efficient practices, services-delivery systems, and program guidelines and models.

Although we have appropriately placed high priority on integrating students and support services across the campus, there is a proper and necessary role for at least a minimum of centralized program coordination. As previously noted, this approach need not preclude a de-centralized service-delivery system for students. The Section 504 regulation does not require the creation of elaborate "special services" or a "disabled student services office." However, from a political and pragmatic viewpoint, overall program development, continuity, stability, and resource development are in most cases greatly enhanced by centralized coordination.

Many of our institutions have focused attention on the alleviation of physical barriers. The resource support needs for services, however, are far greater and require an even more solid institutional commitment. These resource needs will continue to expand as there is any increase in the population or proportion of disabled students (in particular, with any increase in the proportion of "severely disabled" students needing special support services). While the door is now open for disabled students to pursue higher education, our institutions and dss programs must more keenly compete for the limited resources to meet student needs.

To only open the door is not sufficient. In the 1980's, viable dss programs geared toward meeting student needs must find ways of "doing more with less" and this will necessitate long range planning and painstaking effort to manage resources. The funding or resource problems confronting dss programs and higher education in general present new challenges. "Doing more with less" will also require innovations on our part and, as noted by Frederick Rudolph, most innovation occurs at a time of serious financial crisis.

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EVACUATING COLLEGE STUDENTS IN EMERGENCY SITUATIONS: WHAT WE SHOULD KNOW FIRST

Jo Anne Simon, Gallaudet College

"So, how are we supposed to evacuate these handicapped students if we have a fire?" We've all heard that one before. It's been one of the best excuses for not accepting disabled students into institutions of higher education. Well, how do we? How, for that matter, do we evacuate able-bodied students? How do they respond and to what warning signals? The behaviors of college students and others in fire situations will be discussed in this paper.

First, let's take a look at how people in general respond in life threatening situations. Are people wrought with panic? Were they trapped in fires because they took foolhardy risks? Isn't it partially their own fault? We would behave more judiciously, if we were caught in a fire. Right? Wrong. Officials agree that 80% of fire-related deaths are caused by inhalation of smoke and toxic gases. While some people in the recent hotel fires did jump to their deaths or ignored proper evacuation procedures, many more were found dead, having been overcome by toxic gases. Poor signage and ambiguous alarms systems encourage faulty judgements. For example, several victims of the fire at Stouffer's Inn in White Plains, NY were found dead in a closet, apparently having mistaken it for an exit. Most exit markers are located near the ceiling. Smoke rises and obscures the message. Other markers are inconspicuously placed and often hard to read under normal conditions, let alone when smoke is blurring one's vision. It is easy to see how errors of judgement can occur in a large number of cases and significantly increase the tragic statistics.

According to John Bryan of the University of Maryland, the term panic - in the traditional sense of irrational, mass fleeing - is obsolete when describing people's reactions during fires. Survivors are able to cite specific, logical reasons for their actions which, looking back, may seem to be maladaptive or foolish. For example, people may open a door to investigate the source of the fire and find it in their face.

Research by John Keating and Elizabeth Loftus of the University of Washington shows that, for whatever reason, men attempt to extinguish fires and are more likely to go back into a burning building to retrieve possessions. Woman, on the other hand, typically warn others, then leave and request assistance. They are less likely to re-enter a building. Since it had become apparant that people were responding on the basis of misinformation and misinterpreted cues, Keating and Loftus investigated how much people actually know about fire emergency procedures under calm, non-threatening conditions. On a ten-item true/false questionnaire, 85 subjects averaged slightly more than 25% incorrect responses. This suggests that people do not have at their disposal the information necessary to respond appropriately in a fire emergency. People are unaware of how to evacuate, how to "buy time", how to use fire extinguishers when available and are often uneducated as to potential fire hazards in the home and on the job. With this understanding of the general state of affairs, we turn our attention to variables present on a college campus; factors that literally increase the potential for emergency situations to develop.

Too many of our college students are housed in less than safe facilities, participate in activities in rundown student centers, offices, athletic facilities, etc. Colleges are being forced to function with ever shrinking budget. Funds for the maintenance of buildings is low and money for student training programs is following suit. Students seem unaware that many of their behaviors and life styles are potentially hazardous to their health. In the Winter 80-81 issue of Campus Safety a newsletter of the National Safety Council, brief accounts of ten campus fires were given. Of the ten episodes, three occurred in buildings that were run-down, lacking alarm systems or adequate electrical wiring; three were caused by seemingly innocent, yet hazardous actions of students, eg: paper towels left on the grate of a floor furnace; and four were the result of suspected, sometimes confirmed, arson. Why do students present us with such a challange? It is important to bear in mind the behavioral dynamics of the college population. The college setting is really a microcosm of society, filled with young people, out on their own for the first time, with a generally adequate supply of alcohol and drugs at their disposal. While this is certainly not true of all students, the over whelming number of college students are subject to intense peer pressure, have perceptions of personal risk only present in the young and impetuous, and are given to unexplained periods of semi-rational behaviors. As John Bryan has documented in his studies of human behavior in fire situations (Project People II) college students have a much greater tendency to jump from multi-story buildings while attempting to escape a fire. In each situation he studied, students who jumped did so after attempting another escape route unsuccessfully. Few students, it seems, look for areas that may provide refuge, such as restrooms. Students' perceptions of risk, then, appear to differ from the general population, who jump less frequently. A lower respect for property also seems to be more prevalent among college students. This appears to have precipitated the increase of vandalism on campuses today. How many students consider the potential destruction of property, injury to fellow students, the incredible inconvenience to disabled peers and the waste of taxpayers money, when they set a false alarm or call in a false bomb threat? Because students often do not consider the consequences of their actions, it becomes obvious that training in this area is needed. Students should be alerted not only to the consequences of overtly inapporpriate behaviors such as false alarms, arson, vandalism, etc., but also to the dangers of overloaded electrical outlets, cooking in their rooms, smoking in bed or while heavily intoxicated on drugs or alcohol, drying clothes with hair dryers, piles of papers and general clutter which encourage fires to spread and block students' paths to safety. Unfortunately, most college students will avoid like the plague any information presented to them "for their own good". Resistance to authority then, is another important factor in dealing with student behaviors.

Any training program on life safety directed at college students should take into consideration three areas: information on general awareness levels and human behavior during fires; the dynamics specific to the collegiate setting and population; the importance of presenting training as an all-out campus effort with heavy student input.

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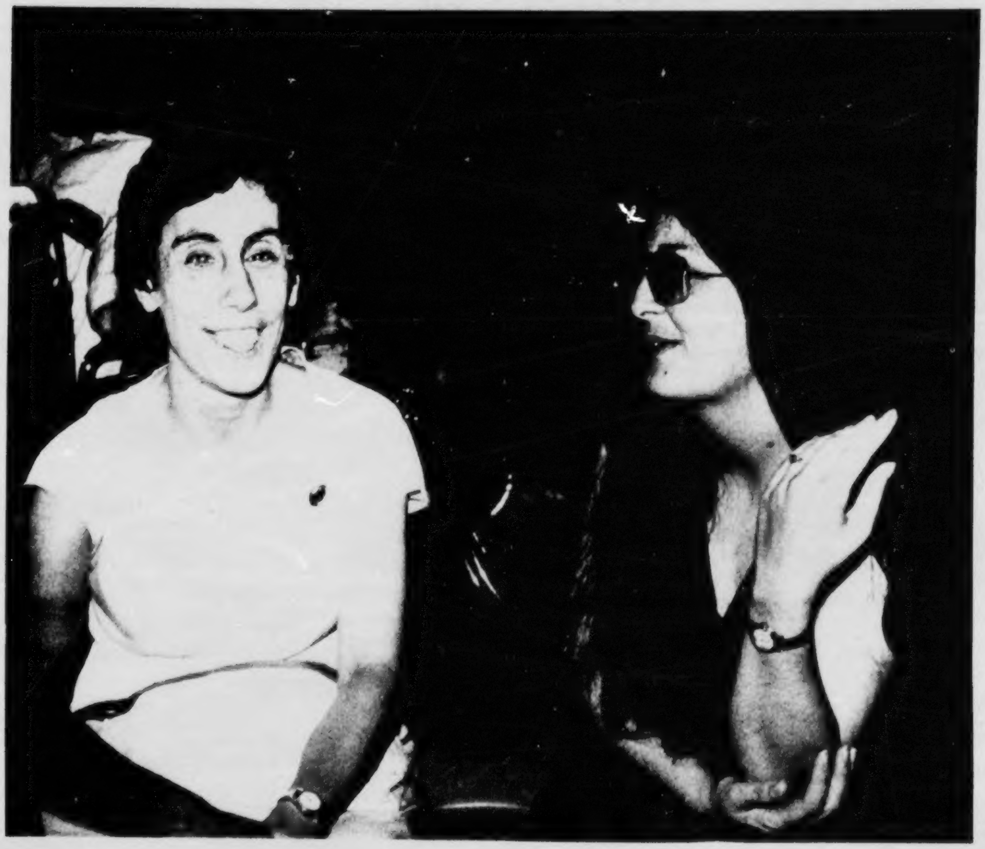


EMPOWERING VS. RESCUING: WORKING WITH DISABLED STUDENTS

Patti Hague, Center for Education for Non-Traditional Students

ABSTRACT

This workshop explores the "Rescue Triangle", a theory developed by Claude Steiner that can help us identify and avoid the trap of perpetually meeting students' needs rather than enabling students to meet their own needs. The Rescue Triangle is the name for a common type of interaction which perpetuates dependency, leaving the "rescuer" feeling ripped off and the "victim" feeling increasingly helpless and dependent. A scenario is presented and analyzed which involves a disabled student and illustrates the Rescue Triangle. The workshop concludes with a discussion of ways to avoid the Rescue Triangle and of the pros and cons of various models of service delivery for disabled students in light of the Rescue Triangle.

EMPOWERING VS. RESCUING: WORKING WITH DISABLED STUDENTS

When trying to help someone else, whether we are offering the help as a friend or as a professional, we sometimes get into confusing situations that leave us feeling like we are caught in gamey behavior that is not constructive. How do we offer assistance when necessary and yet foster independence and self-reliance? This question can be particularly difficult when working with disabled students. Just when should we offer help? How much help should we offer? What if it seems that a disabled student is demanding too much help, but we feel sorry for him or her because s/he has so many extra barriers to face? What if our offer of help is resented? What if we don't feel sorry for disabled students and don't offer the extra help and then get told that we are insensitive?

In this workshop I will explore the "Rescue Triangle", a theory that can help us identify and avoid the trap of perpetually meeting students' needs rather than enabling students to meet their own needs. The Rescue Triangle is the name for a common game which perpetuates powerlessness, making the "rescuer" feel ripped off and the "victim" feel increasingly helpless and dependent. This theory was developed by Claude Steiner and credit for much of what follows is due to him (Steiner, 1974). What I have added is the analysis as it pertains particularly to working with disabled students. Claude Steiner's work grew out of the tradition of Transactional Analysis and is part of Radical Therapy. (You may recognize some of the jargon of TA as I present the theory.) Before presenting the theory, I would like to outline a typical scenario.

Imagine a blind student enrolling at a college for the first time. At a meeting to go over procedures and special needs, the counselor explains that the student's textbooks can be put onto tapes through the State Services for the Blind. After a brief discussion regarding responsibility and developing the skills of independence, the counselor and student agree that the student should assume responsibility for ordering the books on tape. The counselor provides the student with some information and tips regarding the procedures.

Several weeks into the semester the student rushes into the counselor's office in a state of panic: "You're going to have to help me; I'm going to flunk; everything is all messed up!" Urging the student to calm down and explain the situation, the counselor learns that a test is going to be given soon in an important class and that the student is quite afraid she will fail it. Her books haven't arrived yet from State Services for the Blind and she is far behind on reading the textbook material. As a result, she has had difficulty following classroom presentations and discussions. She hasn't asked questions in class for fear of asking a "stupid" question about something that was obviously covered in the textbook material. Other students in the class who had been volunteering to read the text to her are now feeling the pressures of upcoming tests and are no longer willing to take the time. She has fallen way behind in her work and is terrified of the upcoming test. She wants help getting the books.

The counselor is sorry to hear that on top of the regular pressures of being a freshman this student has had to deal with all these extra hassles related to being disabled. Not wanting to see the student fail so early in her college career, the counselor agrees to help. The counselor calls State Services to find out why the tapes aren't done yet and to request a rush job. They explain that they just got the order five days ago and that, as the counselor should know, it takes several weeks to process the requests. The counselor, confused as to why they just got the order five days ago, asks them to do what they can. The counselor calls the professor next to ask for extra time and leniency for the student, explaining the jam that the student is in given the lack of access to the text material. The counselor also does what she can to recruit some emergency readers to help out in the meantime.

At this point the counselor is feeling somewhat disappointed in and put out with the student. The student had come to the counselor asking for help to get her out of a jam when she had actually created that jam for herself by not submitting the order for the taped textbooks several weeks earlier as planned. State Services had resented being expected to rush on an order they had just received and the professor didn't appreciate being asked to give this one student special treatment. The counselor felt caught in the middle.

However, the crisis passes. In fact, after the taped textbooks arrive, the student proceeds with the semester and does OK in her course work. She returns to the counselor and thanks her profusely for her help earlier in the semester ("I never could have made it without your help.") and says she's sorry for having inconvenienced her. The counselor is glad the student did well in the class and appreciates the thanks. She feels better now and is glad to have helped out in the pinch and is sorry that she had felt put out at the student for a while.

The problem is that the above scenario is repeated at the start of the next two semesters with the same student and counselor. At some point the counselor begins to run out of both time and patience; she has plenty to do besides continually rescuing this student from self-created crises. The help she is giving each semester during the crisis seems to be reinforcing the dependency of the student. In addition, the counselor is beginning to get flak from the professors who are beginning to think that perhaps disabled students just can't keep up with college level work because the counselor is always requesting special favors and exemptions for them. "First you tell us to treat disabled students just like the other students, to use the same standards. Then you keep coming and requesting special favors, delayed tests, etc. What's the deal - can they hack it or not?" The counselor doesn't want to see the student fail. She feels like it's her duty to serve as an advocate and to help the student in a crisis, but she is also having a hard time keeping her patience and defending a student who continually fails to follow the procedures and to do her share to help herself.

When the student again comes to the office in a crisis, the counselor blows up at the student, saying she's inclined to believe the professors who say that the student "just can't hack it." Perhaps indeed this student isn't ready for college: "I can't hold you by the hand and get you out of fixes all of your life." The student, in turn, blows up at the counselor: "It's your job to help me. You're supposed to make accommodations. If you had straightened out State Services the first time and gotten these professors to attend the awareness day workshops (like you promised), I wouldn't be having this problem. You never could get anybody to come to the awareness day or explain anything anyway - now you're siding with them. I should have known you wouldn't understand." At this point what started out as a helping process, with the goal of increasing the student's independence, has ended with a breakdown in communication and anger on both sides.

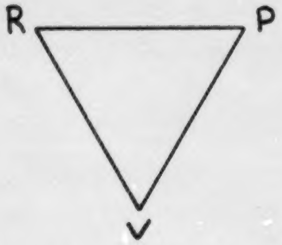
Does this scenario seem familiar? The details may not be the same, but perhaps aspects of the scenario ring true. This is the type of situation that can be better understood, and avoided, by use of the theory of the Rescue Triangle.

In essence, a "Rescue" is an attempt to take care of someone whom you view as helpless and powerless and who views him/herself as helpless and powerless. A rescue is not constructive because it feeds into the person-being-rescued's sense of impotence, apathy, and powerlessness. It reinforces dependency. Many people in our society are brought up to consider themselves dependent, helpless beings - women and disabled people, for example. This does not mean that all women or all disabled people have been brought up this way, but many have. Those that have been brought up to view themselves as dependent have a greater tendency to see themselves as people in need of a rescuer.

The problem with a rescue is that it ends up being a process of taking care of someone, rather than empowering that person to take care of him/herself. At some level it presumes that the person can't take care of him/herself. It can be described as patronizing help rather than instructive help. Usually what is needed, rather than a rescue, is an opportunity to learn the information and skills necessary to assume responsibility for one's self.

It is important to note that while they are few in number, there are some situations when a genuine rescue is appropriate. If a person is unconscious, that person is truly helpless and a rescue is warranted. Also, helping another person can be a good, constructive, cooperative exchange. The goal of this presentation is to help us better distinguish "gamey rescues" from cooperative, empowering exchanges of help.

The Rescue Triangle is a "game" with three roles: Rescuer, Victim and Persecutor. (Steiner, 1974) People usually tend to hook into the triangle in one particular role. That is, someone might have a tendency to come on as a victim, while someone else may have a tendency to come on as a rescuer. However, once in the game, each person moves to each of the three positions at some point. You don't need three people to play the game. Two can play; groups can play it; any number can play it. I will describe each of the three roles as developed by Claude Steiner, then I will give a sense of the movement, of how one goes from one role into the others.



The basic assumption of the rescuer is "Im OK; you're not OK." The message conveyed is "You are helpless and hopeless, but I'll try to help you." This isn't said directly, but it represents the assumptions underlying the actions of the rescuer. At some level, a person in the rescue role is feeling guilty: for being in a one-up position, for not being successful in helping the victim, or for any number of things. The rescue role is confusing because selflessness, generosity, and doing for others are seen as good behavior traits. They aren't seen as oppressive contributions to the perpetuation of powerlessness and helplessness. Therefore, a person assuming the role of rescuer feels like a "good guy" and is generally viewed as someone doing the best s/he can to help out someone else, a positive trait. As mentioned before, helping another person can be good. But it can also be oppressive. Distinguishing between the two is very often the key to avoiding the Rescue Triangle.

The basic assumption of the person in the victim role matches that of the rescuer: "I'm not OK; you are OK." The message conveyed by the victim is: "I'm helpless and hopeless, try to help me." The victim is feeling dependent, ashamed, and helpless. The trick is that the victim is actually perpetuating his or her own victimization. The victim plays on the rescuer's guilt. Coming on victim, the victim challenges the rescuer to step in and take care of him or her. The problem is that the victim does not use all of his or her own power to overcome being a victim, but expects the rescuer to do the work.

The third role, that of the persecutor, has the same basic assumption as that of the rescuer: "I'm OK; you're not OK." However, the message conveyed switches from "You are helpless and hopeless, I'll try to help you." This time the message is: "You are helpless and hopeless and it's your fault." The persecutor, instead of feeling guilty, is feeling angry.

The roles can be further clarified by looking at the dynamics that occur when a person switches from one role in the triangle to another. A rescuer will become a persecutor at some point because s/he is helping someone who is not helping him/herself. The rescuer is putting out and putting out, trying hard to help, and yet things aren't getting better because the victim is not trying to change. This inevitably causes frustration which in turn causes the anger that distinguishes the rescuer from the persecutor: "I've done all I can; it's all your fault." "If you can't get your act together, it's not my fault." "You are helpless and hopeless after all."

However, the person in the victim role also turns into a persecutor. While being rescued and while failing to contribute to the process of overcoming his or her own victimization, a victim is nevertheless still aware, on some level, that the victim role is a one-down position. S/he is being treated in a paternalistic, condescending manner. The assumption underlying the entire triangle is that the victim is indeed helpless and hopeless. At some point the victim rebels against the actions of the Rescue Triangle, actions which are keeping him or her from his or her own power. The sense of helplessness turns into resentment and anger and the victim begins to persecute the rescuer: "It's all your fault." "If you hadn't always interfered." "You nagged too much." "You never let me try doing anything myself." "You tried to help, but you did it all wrong and now I'm worse off."

The center of the problem lies in the fact that a rescue, however well intended, ends up by diminishing the victim's power to help him/herself. This occurs in several ways. First, in a rescue, help is given with no demands made for equal participation on the part of the victim. Occasionally help is even imposed before a request is made for the help. More importantly, everyone involved in the Rescue Triangle at some point forgets that for someone brought up to see him/herself as a dependent being, overcoming victimization requires an internal change. To become independent, to assume responsibility for one's own life, is scarey. It is hard work that requires action and faith. Confronting the fears of change, fears of being independently responsible for one's self and becoming assertive cannot be done for anyone by anyone else. Others can offer crucial guidance and/or support, but ultimately change must come from inside the person who is to become empowered.

No matter how hard a rescuer tries, s/he will fail if the victim is not participating in the process of change. And, eventually, the frustration of failure will bubble over into anger. The actions of the rescuer diminish the power of the victim because they take the locust of control, the center of change, out of the hands of the victim. This happens because they got hooked into the helping process before building faith in the ability of the victim to help him/herself. Avoiding the Rescue Triangle requires faith that indeed the victim is capable of helping him/herself and requires that the victim start living up to that potential now.

To review, the triangle gets going when a victim comes on needy ("Help me. Fix me up.") or when a rescuer comes on helpful ("Let me help you, you poor soul.") The rescuer gets hooked into helping (or conversely the victim gets hooked into accepting help). However, the victim isn't really interested in changing (that requires effort) and/or the rescuer isn't really interested in genuine empowerment (that eliminates a need for their services). The rescuer gets angry and becomes a persecutor: "I did so much for you and still you didn't change. You didn't even try." The victim also gets angry and becomes a persecutor: "You nagged too much. You never let me try anything myself. You did it all wrong." Being the recipient of the victim's anger (i.e., being victimized by the victim turned persecutor), the rescuer feels guilty: "Perhaps the victim is right. I did do some things wrong. It hasn't worked out right. I shouldn't have lost my temper and gotten angry." Feeling guilty again, the rescuer returns to the rescue role. The victim, sensing the change, rescues the rescuer by leaving the persecutor role and returning to the victim role. And so, they are set up to start the cycle again.

Complicated as it may seem at first, the hard part isn't explaining or understanding the theory. The hard part is learning how to avoid the Rescue Triangle and how to get out of it once in it. Although there are no easy answers, there are some pointers that can be helpful. First, it is essential that you believe in the ability of the victim to become an independent, responsible person. As long as you believe, or even suspect, that the victim really might be helpless or hopeless, you will not be capable of participating in the process of empowerment of that person. Your actions will betray a deep-seated paternalism. Those of us in the helping professions must learn to recognize our own limitations. At some point, each of us will no doubt encounter a client that we really do suspect is a hopeless case. When this occurs it is useful to remember that what seems hopeless to you will not be the same as what seems hopeless to your colleagues. Each of us perceives people differently. Therefore, any client that you have difficulty believing in should be referred to a colleague. That colleague will no doubt have an equally challenging case to refer to you at some other point.

Secondly, it is most helpful to establish carefully constructed, written contracts whenever possible. With a contract you can ensure that the help you offer is built into a framework that includes self-help coming from the other person. If the other person fails to do anything to try to help him/herself, you then have a basis for requiring dialogue to occur before continuing to offer your help: the contract was broken.

In the scenario, the counselor and student failed to establish a formal contract and the informal one that they did establish was not carefully thought out or was misunderstood by one or both parties. It is possible that this student was feeling overwhelmed at the responsibility of getting her own textbooks put onto tape: getting the reading lists, securing the books, dealing with an agency not located on campus, etc. As a freshman she probably had plenty of other things on her mind as well. It may have been too much to expect right at the start. Because the contract was informal, the counselor felt caught when the student rushed in and requested a rescue. The counselor did not feel free to refuse to help the student when a crisis occurred.

Once a written contract is established, the counselor is better able to avoid getting sucked into the rescue role. If the student fails to live up to the contract because it was poorly designed at the start, a crisis can become an opportunity for constructive discussion of all factors involved and for negotiating a new, more realistic or appropriate contract. Instead of taking over and rescuing the student, the counselor could agree to make some contacts while the student observed the problem solving process. Or the counselor could coach the student as to how the student might approach the professor and/or others on her own to solve the problem. In essence, a new contract is negotiated which divides the responsibility for resolving the crisis between the counselor and student.

At times a student may fail to do his or her share to live up to a well designed contract. In other words, the student may come on as a victim asking for a rescue. In this case the counselor should refuse to continue helping the student as planned because that help will simply reinforce the student's dependency pattern. Refusing to rescue a student is easier to do and results in more learning on the part of the student if the contract has been written down. Without a written contract, each party is apt to blame the other for not living up to "promises" when a crisis appears. Some students searching for rescuers will only begin to assume responsibility for themselves after having experienced failure. Disabled students have too often been sheltered from failure. When working with students who are chronic victims, a counselor should not rescue them from failure, but should help them work through their attitudes and approaches to problems.

When establishing a contract you should ensure that neither party is putting out more than half of the effort. Putting out half of the effort is not the same as doing half of the tasks. Some people really do feel helpless. These people need assistance in finding ways to apply the power they do have. Don't build a contract that is so challenging that they feel overwhelmed and paralyzed. Find those tasks that they can do and build them into the contract. For some people, doing their half of the effort will mean simply showing up in your office and carefully watching as you make contacts for them. For others, half of the effort will mean negotiating on their own to receive services and only coming to you for back-up support if something goes wrong. Continually monitor and fine tune your contract to ensure that each of you is contributing equal effort to the process.

When building contracts with disabled students you should also put a time reference on the help that you will offer: "I will do this for you this semester, but by next semester you should be doing this yourself." Building a time reference right into the contract puts the other person on notice that you are not there to take care of him/her indefinitely, but to help out while s/he is learning the skills necessary to do things without the assistance. Again, taking the example provided in the scenario, the counselor could have agreed to secure the books for the student while the student simply watched the procedure the first semester. The contract could also have included provisions for the student to do the process herself the second semester with careful coaching from the counselor. The contract for the second year may have had the counselor helping only when unusual problems arose. In this way the student would not have been in over her head the first semester yet she would also have been introduced to the philosophy of gradually assuming increased control and responsibility over her own affairs.

The emphasis of your relationship will be one of skills transferred, helping the other person learn the skills of taking care of him/herself emotionally and in other ways. When something goes well in the process, chances are that a person used to being rescued will come to you and offer thanks just as though s/he was passive while you performed the rescue. When this happens, it is a good opportunity to help the person learn to identify his or her own strengths and capabilities. Rather than accepting the credit for a solo performance, you should ask the person to identify what s/he did as well to contribute to the success.

A word of caution is in order. Despite our best intentions, we are apt at times to get caught up in a Rescue Triangle. When this occurs and you decide to pull out, to cease playing your role in the game, it is important to remember that you will not be liked. If someone is used to depending on you for rescues and used to having you around to accept the blame for failures, you will no doubt receive hostility once you start demanding equal participation and responsibility. When this happens, it is most helpful to have a colleague who is familiar with the dynamics of the Rescue Triangle who can provide you with support and with a safe environment for exploring your feelings and doubts. The converse can also happen. A victim can decide to start taking responsibility and control and as a result can receive hostility from the rescuer who is dependent on "doing good". In this case also, the victim needs to locate an outside source of understanding and support. Disabled student organizations sometimes provide this source of support and strength.

For a good discussion of the dynamics of the Rescue Triangle as they occur in student/faculty interactions, I would recommend the article "I Only Wanted to Help, So I Gave Her a 'B'" by Joel Mugge (Mugge, 1980). This article does an excellent job of outlining many of the conflicting feelings faculty may have as they get sucked into the Rescue Triangle and the rationalizations they produce to justify their behavior once caught rescuing students.

The theory of the Rescue Triangle also can be useful in resolving the tension between the two most common models of service delivery for disabled students. On the one hand there is the centralized model. With this model all services for disabled students are located in one centralized office. The obvious pitfall of this model, given the perspective of the Rescue Triangle, would be the tendency to fall into a paternalistic, "one stop and we'll take care of all your needs" system. This would work against disabled students since they would not learn to negotiate the campus, nor would they learn the assertiveness and independence that they will need to get their needs met when they leave the campus.

On the other hand is the integrated model of service delivery: if a disabled student needs housing, they go to the housing office; if they need financial aid, they go to the financial aid office; etc. The disabled student services office in this model only meets those specialized needs that are unique to disabled students. This model has the advantage of treating disabled students just like their non-disabled counterparts and requiring them to learn their way around. However, it also has a "sink or swim" flavor that could be disastrous for some students. Some disabled students arrive on campus from more sheltered backgrounds than average, with even less skills in taking care of themselves than the average freshman. For a disabled student in this situation, the demands for independent functioning placed on him or her in this model might be overwhelming.

The third option, and the one most in line with the lessons offered by the theory of the Rescue Triangle, is one of a continuum. You should have a continuum of service models operating simultaneously on your campus with one of the two models listed above at each end. Each disabled student can then be treated as an individual and offered service at that place on the continuum most appropriate to his or her own level of assertiveness and independence. An independent student would be expected to operate on the integrated model with little to no assistance from the disabled student services office, while a student with less well developed skills could get appropriate assistance from a centralized office until s/he was more prepared to tackle the individual offices independently. The goal, of course, would be to move all of the students along the continuum so that by graduation each is successfully and independently using the integrated model. This continuum model takes into account the fact that some disabled students need extra assistance because they have more hassles (barriers) to cope with without sacrificing the goal of eventual autonomy, independence, and integration.

Take, for example, a disabled student who needs personal care attendants at night in the dormitory. This student should learn how to recruit, select, hire, train, and supervise personal care attendants on his or her own. If the student intends to live independently in the future, these skills will be essential. However, if prior to coming onto campus the student has lived at home with all personal care needs met by a parent, chances are good that this student has much to learn before being ready to function as a good employer and supervisor. It might be too much to expect some students in this situation to learn these skills at the same time that this student, like all other freshman students, is just adjusting to college demands and campus life. Perhaps a service provider could establish a contract to assist with recruiting and training personal care attendants the first year, but helping only in case of problems or emergencies the second year, and even expecting the student to handle emergencies by the third year.

The student is less apt to be passive and to become dependent upon the counselor for the provision of personal care attendants if s/he has signed a written contract stating that at a certain point in time s/he will become personally responsible for the personal care attendants. If the student has not put forth the effort to learn the skills of personal care attendant management by the time s/he is supposed to assume responsibility, then it is time for that student to face the consequences of having failed to live up to the agreed upon contract.

The Rescue Triangle is a useful theory for helping us sort out and understand behavior and feelings associated with helping others. When is it appropriate to compensate for undue barriers by offering assistance? When is it appropriate to challenge a student to take on more than s/he thought him/herself capable of? When is it appropriate to withdraw help, allowing the student to learn by experiencing failure? These are not easy questions. Hopefully, the perspectives offered in this paper will help you as you step back to sort out your feelings and actions, as you move toward a stance of empowerment.

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CRISIS INTERVENTION COUNSELING FOR THE UNINITIATED

Jane E. Jarrow, The Ohio State University

Today I would like to talk about counseling people in crisis situations. Most of us are not trained for this kind of counseling, but we become crisis counselors by demand. You can not go through life in our society without being put in the role of counselor. For faculty or service providers in post-secondary education, such demands on our skills are made rather more often. We appropriately are cast in the role of "expert", source of knowledge/information in our actual area of expertise. It is a short jump from there to being recognized as "knowledgeable (wise) PERSON" and to be sought out for advice when a student is in trouble. It is all well and good to say "that's not my job", but what are you going to do when you are sitting face-to-face with a student in tears who is looking for help. I doubt if there are many among us who could be cold enough to say "I'm sorry, you will have to look elsewhere for guidance. I don't have the time/patience/knowledge/skill/desire to help you. Go do your crying to someone else." Recognizing, then, that you will all serve as crisis counselors at some time or another, there are certain skills and knowledge which can be acquired that will help you to know HOW to help in the way that will be most profitable to that student in crisis. I would like to present my discussion in stages by first providing a philosophical framework, and a brief discussion of the skills needed for crisis counseling and the target objectives in such cases. Then we will focus on identification of various types of crises and crisis intensity, levels of crisis intervention, and finally, how to match your intervention to the student's need.

Before discussing a strategy for crisis intervention it is necessary to develop a philosophical framework which will help to define our role in such interactions. The strategy I am about to describe to you is based largely on the philosophy of Carl Rogers and his tenets for Non-Directive Couseling. Rogers implores us to remember and believe in the ultimate worth of each individual, to maintain what he refers to as "unconditional positive regard". Believe that people have the skills and the strengths to be responsible for their own lives. Your license to act as a counselor, a helper, in crisis situations comes from your presence in that space at that time. In other words, you become a couselor out of the necessity of the moment and not because your judgement is inherently any more worthy of consideration. Do not become over-impressed with your ability to control any given situation. There are two cautions necessary for the would-be counselor. First, remember that you have limitations (time, knowledge, expertise) which may mean you are not the best person to be providing counsel in a given situation. You are not required to provide all the necessary help alone simply because you were the person appealed to for assistance; there is nothing wrong in making appropriate referrals to other sources/individuals. This is not a cop-out, it is a fulfillment of your duties in answering that plea for help. Second I caution you to keep in mind the old adage quoted in management circles that "...if you take the authority for decisions you also assume the responsibility for the consequences of those decisions." I do not want the responsibility for each and every student who appeals to me for my help. I make it a point to steadfastly refuse to be drawn into decision-making for someone else if possible. I am more than happy to discuss, to offer opinions, to review options, but in the final analysis the decisions for action should come from the counselee whenever possible!

We are ready now to discuss the techniques (skills) which can be acquired by the helper to aid in counseling. My own feeling is that there IS no technique beyond the attitude. If you, as a helper, maintain that unconditional positive regard for the counselee, if you truly value him as an individual and are willing to listen without judging, then everything else will be relegated to lesser importance. The key word there is "listen." The development of "active listening" is the only skill demanded of a good counselor, and it has nothing to do with your ears. After all, hearing is the activity of the ears, listening is the activity of the heart. There are levels of listening that can be identified, and they build to that level which is effective for crisis counseling. The first level is pre-occupied listening. We have all done this. When you are engrossed in a TV show or a good book and someone comes in to talk to you, you may find yourself answering them only to look up minutes later and find them gone, with no idea of what they said or what you responded. THAT is pre-occupied listening. The second level is half-listening, sometimes called selective listening, in which the individual hears only what he wants to hear from what is said, and conveniently manages to block out unpleasant or upsetting information. The third level is half-answering. In this stage, the listener hears everything but responds only to those things that provide a lead-in to what he would like to say. As a professor of mine once stated, there are times when your need to be understood interferes with your ability to understand others. The fourth level is listening and evaluating from the listener's frame of reference. In many cases, this is less like listening and more like judging. It is the level that we often reach in our interpersonal relations and it is a very dangerous level for the helper. If you judge what is said from your own viewpoint, without regard to the speaker's background, concerns, strengths and weaknesses, you do a great disservice to the speaker, and your advice is quite possibly misguided. The fifth level of listening is that of listening and evaluating from the speaker's frame of reference. The person who has achieved this skill has nearly reached his goal. He is evaluating realistically from the appropriate prospective, listening to all that is said and avoiding judgemental responses. Almost perfect....almost. The highest level of listening is that of listening and evaluating from the speaker's frame of reference and BEING ABLE TO COMMUNICATE THAT YOU UNDERSTAND. It does no good for you to be appropriately evaluating the situation if the speaker remains concerned that you are judging, or not really hearing, or not really caring. You must find a way to communicate through word or action that you understand the problem as it has been expressed. Note, the rule does not say that you must communicate that you AGREE, only that you UNDERSTAND. Being a good counselor does not mean always going along and providing support for the course of action outlined by the speaker; rather, it means respecting the counselee's viewpoint but not subjugating your own opinion to his. Alright, then, we have you respecting the student and actively listening as he pours out his concerns. What should you strive for in crisis counseling? What are the goals of such counseling?

I need to preface the rest of my talk by saying that much of this information is taken from a book by T.T. McMurrain called Intervention in Human Crisis. While I will do my best to relay the information and make it applicable to your needs, I refer you back to the source if you should need a more in-depth analysis of these points.

The first objective in counseling people in crisis is to reduce stress. There are some specific techniques which may help you to achieve this goal. There is real value in talking out a situation and exploring it orally in great detail. First, this may provide an outlet for emotion which will keep the individual from looking elsewhere for an outlet. More importantly, the more you talk about a situation, the less emotional it becomes; it is reduced to the realm of the commonplace if the fears and the strain can be put into simple words. Calming the individual's emotions in this way may help him to think, rather than just feel!

It is a good idea to focus such talk on thinking, rather than emotion. While the catharsis of saying how one feels is important, it would be helpful if the counselor would learn to direct questions and demand clarification of facts more often than feelings. Questions which may be helpful in this regard include the following: 1) Can you describe what has happened? 2) What do you think caused this crisis? 3) Who else knows about what has happened? 4) What action can you take to try to resolve this dilemma?

It also may be helpful to consider the use of "distancing" as a strategy for stress reduction. When you can put either physical distance or distance in time between the crisis and the individual, you may reduce the stress. If the stress is created by pressures at school, going home for the weekend may provide some respite. If the pressures are created by a frightening occurence, postponing discussion for some period, even minutes or hours, may be helpful in allowing the individual to think more clearly. There is much to be said for the belief that time heals all wounds.

The second objective in crisis counseling is to provide support to the individual in crisis. There is a thin line between providing support and taking control. While it is necessary and appropriate for the counselor to cross that line on occasion, whenever possible the helper should be providing support for the counselee's decision, not making those decisions. One way to do this is through the skillful use of questioning to help the individual develop a step-by-step plan of action for problem-solving. In many cases, the reason a problem looks insurmountable is because the individual has failed to recognize the small, manageable steps which will lead to achievement of the target goal. Another important part of providing support (important to both the counselee and the helper) is following through to assure that efforts were successful. If you aid in the establishment of a plan of action and then are left without any knowledge of the consequences of that plan, it leaves an unsettling feeling. Beyond that, making sure that you have some knowledge of how the sequence is progressing may assure that the individual will, in reality, proceed with the steps outlined in your mutual discussion. Knowing that they have to face you again and tell you how things went, they are more likely to see things through to the end. When counseling a student, I always end the discussion by saying "let me know how things are going" or sometimes, if I feel the student need a little push, "... why don't you come back at 2:00 tomorrow and tell me how it went." It is another way of saying "I care", and perhaps that is the most important part of providing support.

Lastly, in crisis counseling, the helper should give careful thought to trying to build strength and foster independence within the individual. The fact that you are there, and are adept at such counseling and can provide just the right support this time does not guarantee that such help will be available to the individual for the next crisis. Recognizing that we ALL need help from time to time, it is still important for the individual to devleop their own problem solving skills to the greatest possible extent. If you really want to be a good counselor, learn to close your mouth and sit on your hands as much as possible. (Old Irish Proverb: If God had meant for us to talk twice as much as we listen he would have given us two mouths and only one ear!)

Now we are ready to discuss crises more specifically. Let's begin by talking about the types of crises you may see others experiencing; the type of crisis is determined by the nature of the precipitating stress.

The first, and perhaps most readily indentifiable crisis is a shock crisis. This happens when something dramatic occurs without warning to force a difficult or painful re-adjustment. It may be as severe as an auto accident or a death in the family or as mild as a student's failing a test or having a fight with a friend. This brings us back to the most important rule of listening...learning to listen from the other person's frame of reference. What seems a major catastrophe to one individual may seem trivial to another and vice versa. Do not assume that everyone will or should react to a given stress situation in the same way you would.

Secondly, there are maturational crises. These occur at the natural transition points in one's life. The "empty nest syndrome", when a middle-aged woman feels isolated and depressed as her children strike out on their own, is an example of a maturational crisis. Some students experience such a crisis at the beginning or end of every semester, when their schedules change and they feel their lives are disrupted. I have a friend who experiences a maturational crisis with every holiday break when she must face the prospect of going home and dealing with her parents for a period of days or weeks.

The third type of crisis is an exhaustion crisis. We have all experienced these at one time or another. An exhaustion crisis occurs when an individual has managed to cope with stressful conditions for a long period of time but eventually becomes unable to cope. It may come as a result of trying to do too much, or working under adverse conditions for an extended period of time, or of coping admirably with a severe strain for long time until you just can not cope any more. Exhaustion crises can be subtle in their onset and may be dangerous in their potentional to go unrecognized.

If you recognize that life's crises can exist in any of these forms, then it is easy to see that in each type of crisis there are varying levels of crisis intensity, as determined by the amount of disruption engendered by the situation. Your role, as a helper, is defined not by the type of crisis, but by its severity and its potential for harm. Let us explore the trigger signs for levels of crisis intensity.

The highest level of intensity is the catastrophic crisis. At this level, the individual's physical well-being is seriously endangered and his coping strategies have become ineffective. This kind of crisis is accompanied by a high degree of crisis awareness (i.e., the individual in crisis is very aware of the danger) and thus there is a great deal of emotion. Catastrophic crises are most often associated with a shock crisis (accident, critical illness, etc.) but also may be precipitated by a maturational crisis that leaves one physically vulnerable as a result of new attempts to achieve independence or in an exhaustion crisis which ends in an attempted suicide. As a helper, the important thing to remember about a catastrophic level crisis is that there is immediate physical danger to the individual.

A critical level crisis, on the other hand, exists when the individual is facing a stress which poses a serious threat of harm but is not yet facing those dire consequences. The individual who is talking about suicide but has not yet bought the razor blades may be experiencing a critical level crisis. It is possible that the extent of pain or anguish experienced in a critical level crisis is not logically related to the actual potential harm. The "A" student who faces getting his first "C" may experience a critical level crisis. The fact the the "D" student sitting next to him would be grateful for that same "C" does not make the crisis any less intense in its threat to the ego and self-esteem of student # 1. Again, we come back to the idea that crises are defined by the individual undergoing the experience, not by the outside observer.

The lowest level of crisis intensity is the developmental level. Fortunately, most of the crises we share with students are at this level. The student who is involved in substance abuse on a random basis may be on the way to bigger problems. The student who is starting to feel overwhelmed by his situation or work load may be in the developmental stages of an exhaustion crisis. While it is the safest stage for the individual and the helper (since danger is not imminent and thus emotional drain is reduced), this level of crisis intensity requires the most tact and restraint from the helper. The less you do, the better it will be in the long run. This seems an appropriate introduction to a discussion about levels of crisis intervention and determining what you can do to help, and what you SHOULD do to help.

McMurrain defines four levels of intervention which can be used by the helper. A Control Intervention is the most active form of participation. In this instance, the helper steps in and does FOR the individual what the individual can not or will not do for himself. At this level, the helper takes authority for decisions away from the individual and imposes his own judgement. We are back to that double-edged sword of authority-responsibility. In a Control Intervention, the helper becomes responsible for that individual in crisis. Be wary!

An Assertion Intervention has the helper using persuasion or coercion to influence the actions and decisions of the individual in crisis. The student who is seriously contemplating suicide may need direct supervision and/or a depth of counseling expertise that you do not possess. Encouraging that student to contact another source of help may not be enough. You may need to contact that other source, tell them the student is on the way, perhaps even load that student into your car and drop him at the door. At the Assertion level, the helper takes an active role in bringing the individual into contact with the crisis so that direct action will occur, but stops short of forcing a course of action; the individual may be coerced into taking action but still assumes ultimate authority (and thus, responsibility) for the decision to act.

The Facilitation Intervention is one in which the helper merely arranges circumstances in such a way that a positive course of action is more likely to occur. In most cases, this takes the form of identifying appropriate referral sources to the individual in an effort to put them in touch with the specialized help they need to solve a particular problem. The student with money problems should be in touch with someone in the financial aids office; the student who is questioning the appropriateness of his academic coursework may need to speak to a career counselor. Facilitation Intervention may also take the form of easing a confrontation or encouraging the chosen course of action, as determined by the individual. A student who has decided to confront that professor who is making his academic participation difficult may be sincere in the desire to handle the situation independently without having the confidence to carry through. If you offer to sit in on the meeting to provide moral support, you are engaging in a Facilitation Intervention.

The lowest level of intervention is that of the Empathy Intervention. This requires nothing more than active listening. This is the time to sit patiently, ask the right leading questions, be that much needed sounding board that will allow the student to talk out the problem, review the options for action and arrive at a solution. If you have already mastered the listening skills we discussed, then Empathy Interventions are easy; you presumably are engaged in such interactions anytime you come in contact with another person.

Now let us attempt to bring all of this information together in some logical format. How does one incorporate the goals of crisis counseling with recognition of the type and level of crisis experienced and determine the appropriate level of intervention? With McMurrain's help, it is not as difficult as it might seem. The type of crisis becomes immaterial in determing the level of intervention. It is only important in helping the individual to define what has happened. The lowest level of crisis intensity demands the lowest level of intervention; in other words, for a developmental crisis, an Empathy Intervention is usually sufficient, while a Facilitation Intervention may be appropriate. At this level of crisis intensity, focus should be on fostering independence and self-assertion and, to a lesser extent, providing support. Here, where the danger and strain are minimized, is an opportunity for the helper to be a relatively passive observer to the student's learning process. A critical level crisis, on the other hand, carries more stress and indicates less adequate abilities to cope (at least at the moment). For this reason, a Facilitation or an Assertion Intervention might be appropriate. The major goals of counseling at this level are to provide support, reduce stress and develop independence in that order. A Catastrophic crisis intensity indicates a stress so severe that the individual is likely to be unable to cope. For such cases, and ONLY for such cases, may a Control Intervention be necessary. One must reduce stress before any constructive action will be possible for the individual. A Control (or, pherhaps, an Assertion) Intervention is necessary if the individual is to avoid harm. Fortunately, such life-threatening situations occur infrequently for most of us!

We have discussed the need for you to be familiar with crisis counseling procedures. We have talked about a philisophical approach to such counseling, identified types of crises, crisis intensity and appropriate interventions. Hopefully, this structure will make the idea of becoming involved in crisis counseling a little less frightening. One further word of warning, for those of you who might tend to take yourselves too seriously - - "Don't worry if the urge to give advice is irresistable; the tendency to ignore it is universal!"

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PEER COUNSELING: "NOBODY DOES IT BETTER"

Gail Uellendahl, Queens College
Amy Schechter, Queens College

ABSTRACT

As our title suggests, "Nobody" is in a better position to provide information and support to an individual than someone from his/her peer group. Students are often more willing to discuss their needs and concerns with other students rather than a professional counselor. With training and supervision, peer counselors can be an important link in the chain of services designed to enhance the educational development of college students with disabilities.

Our peer counseling program was developed as a component of our total service program for disabled students. This project is called S.E.E.D.S. (Services to Enrich the Education of Disabled Students) and is funded by the Department of Education under the Special Services for Disadvantaged Students Program (TRIO).

The purpose of our peer program is twofold. The first is to make counseling available to disabled students. The peer counselors in our program, who are themselves disabled, provide short-term counseling, academic advisement, orientation, and referral to students with disabilities. The second purpose is to offer part-time employment to disabled students, as peer counselors, to prepare them for full-time employment and career development. Paid work experience, so crucial for placement after graduation, is not always available to this population due to problems with transportation, mobility, and attitudinal barriers on the part of employers. The student's self-esteem is increased both by the acquisition of new skills and the responsibility of meaningful employment. These peer counselors act as positive role models to other students by exhibiting their success in dealing with common problems.

For the purpose of this presentation we will be outlining the key components in the development and operation of a peer program, using our program as a model. These components include selection, training, supervision, and evaluation.

SELECTION

Selection of peer counselors should be based on the needs of your overall program and of the students themselves. The selection committee should be composed of members of the special service staff, including at least one peer counselor. Before selection takes place, a needs assessment must be performed to determine the function and role of the peer counselors in your program.

The following list indicates the steps taken in the selection process:

1. Post a job announcement describing duties, requirements, qualifications, and salary. This can be circulated throughout the campus in student mailings, newspapers, and in the placement office.
2. Provide employment guidelines to all applicants.
3. Schedule personal interviews. An instrument for assessing candidates should be developed in accordance with skills desired.
4. Following interviews, the staff rates and selects applicants on the basis of skill, personality, need, etc. Students who have had no prior paid work experience are given special consideration.
5. Students are hired and issued business cards.

Data collected during the interview process is used in planning the content of the training component. If specific areas of weakness emerge, such as a problem with assertiveness, techniques for effective communciation can be a prime focus in training.

TRAINING

Training should be designed to provide the peers with the skills necessary to meet the needs of your specific population. For example, if your goal is academic advisement, training would focus on skills for decision-making, vocational assessment, knowledge of institutional requirement, and the like. Training should expose the students to the practices and experiences that he/she will find in the work environment outside the college. The training design should enable students to develop skills which are transferrable to other areas of employment.

Optimally, structured training groups are held on a weekly basis. This instruction is both didactic and experiential. Sessions include training in:

1. Communication skills (non-verbal and verbal)
2. Counseling techniques
3. Personal counseling style
4. Referral
5. Institutional and Community Resources
6. Leadership and Advocacy Skills
7. Crisis Intervention
8. Special Interests: Career Counseling, Public Relations, Consciousness Raising, etc.

The above mentioned skills are developed through the use of video, role playing, role reversal, lectures, guest speakers, and group discussion. Through their participation in these session, peer counselors become aware of their own skills as well as the resources and personnel available to them. This group support provides the peers with the confidence to successfully assist students requesting their services. Second year peers are afforded the opportunity to lead specific training sessions. Special interest workshops are often developed and presented by peer counselors under supervision.

SUPERVISION

In order for peer counselors to be effective, they must be supervised by qualified staff members. Our students receive supervision during formal sessions as well as informally during the course of their working hours. Supervision sessions afford the peer counselors an opportunity to discuss their work with individual students in addition to their own personal growth The peers write follow-up reports for each student they counsel. This report is used as a learning device whereby their skills and weaknesses can be examined. Quite often, attitudes and judgments appear at this time which may be affecting their ability as helpers. With the guidance of a professional counselor, the peers can begin to assess their own techniques and skills. This process is essential to their personal progress and career development.

EVALUATION

A formative evaluation will provide immediate constructive feedback to the peer counselors with regard to their development. A summative evaluation is performed on a semesterly basis. During this time the project staff evaluates each peer counselor in the following areas:

1. Interaction with students
2. Interaction with staff
3. Participation in training group
4. Personal development
5. Skills acquisition

Each peer counselor is required to conduct a self-evaluation which he or she shares with the supervisors. The staff meets each peer to discuss the evaluation and plan strategies for improvement. Mid-semester and final evaluations are compared in order to focus on positive developments which have occurred during the year. These sessions are designed to further strengthen acquired skills and serve as a mechanism for enhancing the self-image of the peer counselors. Evaluations are kept on file and are issued to prospective employers upon request.

MOVING FORWARD

The transition from the college environment to the "world of work" requires a transfer of skills. Our peer counselors are taught to evaluate their experiences and translate them into functional skills which are used in the work environment. For example, five English writing classes and two years of Spanish with a major in geology becomes: Competency in writing and editing; good verbal skills; ability to communicate and comprehend Spanish; expertise in the area of geological expeditions.

College, when seen as a career where educational, personal, and professional development has taken place, ensures that the peer counselor will be prepared to obtain gainful employment. Working within this system prepares the student to adapt readily when moving on to the career of his or her choice.

Students are our college's greatest natural resource. Their abilities, thoughts, and ideas can be of great value to the college community. After all, "Nobody does it better".

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MEETING THE SOCIALIZATION NEEDS OF THE DISABLED STUDENT

Gene Williams, University of Massachusetts at Amherst
Leslie Corin, New England Rehabilitation Hospital

In addressing the socialization needs of the disabled student, it is important to consider the process of socialization in this culture. By the time the disabled individual reaches college, he/she has already been socialized along lines of sex, race and socioeconomic class. The disabled individual has also been affected by the expectations special to his/her disability as experienced in the home or institutional environment in which they were raised. The disabled student's socialization needs and ability to meet those needs vary depending on several factors; the kind of disability, sensory, physical or cognitive, and the onset of disability, whether congenital, traumatic or progressive. Another factor affecting socialization skills is the degree to which an individual's psychological development has been hampered by disability and/or disrupted by retreat into substance abuse.

Another key factor affecting socialization is the physical setting. Such variables as the kind of institution, (University, State College or Community College), the student's status (Commuter or Residential), the living situation (home, institution or household), and the individual's level of independent living skills all affect access to and capacity for social interaction.

It is recognized that a major developmental task of late adolescence is separation from one's parents. In our culture, college is a major setting for that process. Historically however, the disabled young person has been hampered in this task by their own social isolation and the anxiety of overprotective parents. Traditionally, disabled youngsters were protected from social rejection by not being encouraged to socialize. Given those obstacles, it is clear that the process of forming lasting friendships and intimate sexual relationships becomes a formidable task for the disabled student. Thus the normal anxieties and difficulties of initiating friendships and sexual relationships are magnified for the disabled student because they have had precious little previous experience developing social skills. Lacking the comfort of being just like everyone else, there is even less than usual ease in initiating social contact.

This is equally true for the older student who has had a traumatic injury and may be attending college for the first time to learn new job skills that will allow for economic independence. For this individual who may have already developed socialization skills based on being able-bodied, disability may force the development of more polished social skills than were previously needed.

This workshop has been designed as a discussion group to plan strategies for fostering social development, focusing primarily on the need for developing friendships and intimate sexual relationships. It is only in the very recent past that the disabled have been acknowledged to have sexual needs and been granted the right to express those needs. We hope to make that right a reality by examining how friendships can develop into intimate and sexual relationships. We will also consider the way in which exploration of sexual preference becomes incorporated into that process.

We affirm the need of all individuals to develop and maintain intimate friendships and the right of all persons to sexual expression. We also hold out the hope that the unique considerations of disabled individuals in this process may result in awareness that will be beneficial to society as a whole.

SOCIALIZATION OF THE DISABLED COLLEGE STUDENT

Bill Pollard, University of Massachusetts

ABSTRACT

Because of the rise in the availability of Independent Living Programs and access to Post-Secondary Education the issue of socialization of the disabled college student has arisen. The Disabled Student Service Office can play an important role in the realization of this goal.

SOCIALIZATION OF THE DISABLED COLLEGE STUDENT

How can the Disabled Student Service Office help in the socialization of the disabled college student?

First it is important to acknowledge that this is a very important issue and that there is no better or safer place to start the process of socialization than in your office.

I think the best way to illustrate this is with my own experience. In 1968 due to an automobile accident I became a low level paraplegic. Up until that time my only contacts with disabled people were with those that begged on the street corners. As do most people, I denied the seriousness of my injury and refused the comradship and help of other disabled people within the rehabilitation setting. After being discharged and realizing that most of my friends from the past had disappeared this only reinforced my negative feelings about myself and people with disabilities. I then became overwhelmed with the feeling of isolation. I did not consider myself disabled but my body and the able-bodied world did; I was stuck in a state of limbo. Because of my level of injury I was able to ambulate with long-leg braces and crutches which for me eliminated the "stigma" of the wheelchair, and allowed me to pass. (how absurd)

After spending two years at a community college with a small disabled population i.e. two students, I transferred to the University of Massachusetts/Boston with 105. Because of my need for money I offered to drive a disabled student to school three times a week. Because of the difference in our class schedules we agreed to meet at the Disabled Student Center. So three times a week I would go to the Center and stand in the corner and wait for this woman. As time went by I was forced into brief periods of interaction with the students and staff and as time progressed I found myself dropping by between class having a cup of coffee and talking about important and not so important issues. By the next year I started to realize that some important and subtle changes were occuring within me inadvertently because of the Center. I started to participate in life again. Looking in retrospect these are the things that the Center offered me:

Role Models: People with a wide range of disabilities involved in school, sports, community work, and others like myself caught in a limbo state. This is the importance of having an informal area within your office so that people can meet and talk and have the opportunity to socialize and share concerns and become involved in life at a pace that is comfortable for them. Schedule informal as well as formal events and do not be disheartened if response is not as great as you wanted , reaching even a small group is important.

Risk Taking: Because of the informal atmosphere offered at the Disabled Student Center I was able to take risks of varying emotional and intellectual degrees. Knowing that I had a support network that I could count on allowed me and in some instances made me take risks that helped in my personal development.

Self Image: The most important thing I found at the Disabled Student Center was myself. Because of my interaction with other disabled people I was able to reassess my own values and stereotypical view of the disabled, and allowed me to focus on myself as a person rather than a disability.

The thoughts that I have expressed here only reaffirm what was stated by the students at the Conference workshop. The Disabled Student Office can and must play a part in the socialization of the disabled college student.

ABLE BODY CONSCIOUSNESS: NOT FOR ABP's ONLY

Barbara Davis, El Paso Community College

ABSTRACT

Relationships between able-bodied and disabled individuals can take myriad forms, present myriad possibilities, or create myriad problems depending on the expectations of each person involved, and how those expectations are met. Many times an able-bodied person's expectations of a handicapped person take on a stereotypical aspect; one which the disabled person must work diligently to overcome. But what are we, as ABP's (or, able bodied persons) doing to reinforce those stereotypes, and what are we doing to dispel them?

First, lets take a look at one of the most insidious stereotypes, and examine its diverse ramifications:

THE HANDICAPPED DOUBLE STANDARD

The uninitiated ABP often feels quite sincerely that all handicapped people are honest, pure, and never do anything wrong (whether from design or lack of opportunity). They don't cook, marry, have sex, raise children, or any of that sort of thing. They have to be treated specially all their lives, and certainly never indulge in activities such as gambling, alcoholism, drug abuse, adultery or embezzlement. Those are things able-bodied people do - one set of life experiences for the ABP's, a different set for the disabled.

Into what sorts of behavior does this acceptance of the double standard lead? For some, it leads to the extreme pattern of never touching, looking at, or addressing handicapped people with anything other than kid gloves. For other ABP's it leads to over-familiarity with disabled people by way of compensation for the pity they feel. The attitude that disabled people don't do any of the normal things that "normal" people do can lead to encounters in the third person (since, after all - handicapped people can't talk). How many times has it happened to you?

"What's her name?"

"What's his social security number?"

In a recent interview, Itzhak Perlman gave his response to a rude stewardess who asked his companion, "Where's his ticket?"

"His ticket," he replied, "is in my pocket."

The idea that all handicapped people are innocent and inherently better than most can lead to the idea that it's wrong to dislike any handicapped person, no matter what his or her personality type. You have to like them and be extra nice to them just because. This also applies to you when you're with a handicapped acquaintance. You must be a wonderful person because you have a handicapped friend.

This is just a sampling of the erroneous attitudes and behaviors the uninitiated able-bodied public falls into concerning the physically handicapped. And as someone who works with, counsels, teaches or lives with a disabled person, you are also going to fall prey occasionally to these distorted feelings and reactions from outsiders. The question is, how do you respond? Is it important that you respond in a certain way?

YES! YOU, TOO, CAN FIGHT STEREOTYPES!

How? You guessed it - by the way you respond. For example...

Say you are with your friend (co-worker, spouse, roomate, etc.) who is blind. The two of you are in a restaurant. The man in the next booth, who is able-bodied and has never known a blind person, may be of the opinion that blind people not only can't see, but can't hear, talk or think, for that matter. This opinion will be either reinforced or undone not only by how your blind acquaintance conducts himself, but also by how you conduct yourself in relation to your friend. The man sitting in the next booth will relate to you as a fellow ABP, and will take cues from your behavior. These cues he will apply to the next encounter he has with a blind person.

If you order for your friend, fuss over the placement of the silverware and the food on the plate, cut his meat without being asked to do so, sort out his bill, and in general act as if that blind man really can't do a thing for himself, the man in the next booth is liable to come away with the impression that all blind people are helpless and dependent.

On the other hand, if the man sees your friend order his own food (even though you may have to read the menu), manage his own plate, and figure out and pay the bill - with no excessive mothering from you - both you and your blind companion will have made a much more positive statement for all handicapped people. This is how you can combat stereotypes; by being a model to those with less experience, and by acting naturally and appropriately with your handicapped acquaintances, especially in public.

ABP ENCOUNTERS

Now you have an idea of how and why you can overcome stereotypes that pertain to your disabled associates, so lets examine some more specific situations you may have faced, or may have to contend with in the future.

1) Anonymous to Conspicuous. Most ABP's are accustomed to enjoying a certain degree of anonymity; it's easy to blend in with the crowd, right? What happens when you go to a meeting downtown with your boss, who is in a wheelchair (or with anyone whose handicap is visible)? Suddenly, not only your boss (who may or may not be used to it), but you also are the center of attention. People stare at you. What do you do? Do you...
    a) Glare back as if to say, "You jerk - it's not polite to stare!"
    b) Shrug your shoulders and look helpless.
    c) Smile briefly, then attend to your own business.

2) The Attendant Syndrome. This applies to anyone who accompanies a disabled person, up to and including attendants. The Attendant Syndrome is closely related to the Non-Person Syndrome, in that it deals with any interaction between a disabled person and an ABP in which one or both parties is made to feel like a non-person. **Here's an example:**

   Suppose you have driven your handicapped associate to a seminar at which she is going to speak. You walk into the room and everyone immediately comes over and starts chatting with your associate. Everyone is introduced except for yourself. Even though you may be taking part in the seminar yourself, you are considered as a driver, attendant, or in short, a non-person. What do you do? Do you...
    a) Withdraw and try to blend in with the wallpaper.
    b) Introduce yourself.
    c) Keep your feelings bottled up, and indulge in a little passive-aggressive behavior.
    d) Ask your associate to introduce you the next time.

   If you are meeting a disabled person for the first time who is accompanied by an interpreter, mobility assistant, or attendant, you can help take pressure off by making sure everyone is introduced from the start.

3) Can or Should. This situation relates specifically to disabled bosses who manage able-bodied employees. Say your boss is not particularly busy one day, and has typing skills himself, but asks you to type up a letter and send it out. What do you do? Do you...
    a) Accuse him of being dependent because that's something he could have done himself.
    b) Give it to someone else to do.
    c) Comply with the request, realizing that all bosses, whether handicapped or able-bodied, have the right to delegate work.

4) Blessed and Cursed. This phenomenon may not happen often, but has been my experience from time to time, and I wonder if it has been yours. It goes without saying that a healthy, able body is a blessing, but have you ever had a handicapped person avoid you, mistrust you, or suspect you of having dark ulterior motives because you weren't disabled? It has taken me a year with one physically disabled gentleman I know to prove that I'm not really in it to exploit him or the handicapped in general. If you encounter this situation, what do you do? Do you...
    a) Ignore the person just as hard as he/she is ignoring you.
    b) Retreat and decide that working with the handicapped isn't your cup of tea, after all.
    c) Send the person a written statement of your qualifications, and a copy of your degree in rehab.
    d) Be as pleasant as possible, and try to let your actions prove your intentions.

IN SUMMARY

The list of hypothetical situations is as long and varied as the people who make up the situations, but there are a few generalities that can be stated:

1) Physically handicapped people are burdened by unnecessary and erroneous stereotypes placed on them by the able-bodied community at large. True, it is primarily up to the disabled individual to neutralize these misconceptions, but non-handicapped people also play an important role in their dissolution.

2) Merely talking about unfair conditions, or writing to your Congressman will not go that far in actually modifying people's attitudes or behaviors. The best way to beat stereotypes is to be a good model to the uninitiated public, and to react to handicapped persons in a natural and appropriate way.

3) Problems that arise between able-bodied and disabled individuals can be worked out with patience, tolerance, an eye toward fairness, and a real desire to maximize conditions for both parties. It is only when feelings are repressed and conflicts allowed to remain submerged that problems will continue to grow. Open communication, then, may be the most important factor to consider in a handicapped/ABP relationship (or in any relationship, for that matter), and the more we demonstrate these qualities of patience, tolerance, fairness, and open communication to others, the more these qualities are reciprocated to us.

INFLUENCE THROUGH ATTITUDE

Reva O. Pleake, Eastfield College

ABSTRACT

With current legislation, a higher sensitivity on the part of society regarding the "abilities" and potential contributions of persons with disabling conditions, and the evolution of a more assertive disabled population, rehabilitation specialists have been and will continue to be in great demand.

The objective of this presentation is to examine the attitudes of persons meeting the existing demand and whether such attitudes serve as motivation in seeking and meeting challenges.

Perhaps sharing a personal experience will trigger some memories for each of you. This experience, though different from some of yours, will bear some similarities.

Visualize an 18 year old girl reluctantly entering a local restaurant to apply for employment. Upon completing the application form, she becomes keenly aware of a dark-haired, smiling, good-looking male type person who is obviously an employee. Now you talk about motivation; she got the job!

The first three days on the job every flirtatious remark and behavior known to an 18 year old girl was used. Attempts to capture the young man's attention proved futile. He would not even acknowledge, not to mention respond, to a simple "Hi".

Feeling frustrated and spurned by the prey, the huntress barged into the Break Room and announced, "That guy is a stuck-up -------." There is no need to be specific, but you get the idea. Other waitresses on break were quick to correct the erroneous perception. He was not stuck-up, he was deaf.

Obviously, a new approach was in order. Fingerspelling "Hi, my name is Reva. How are you?" after studying the manual alphabet for one evening, seemed to take forever. But, the young man was attentive and patient. Thus, began what was to be and remains a meaningful and rewarding relationship.

Socializing with her new-found friend was a valuable learning experience. In restaurants, waitresses, thinking them both to be deaf, argued over who had to wait on them, parents at tables next to them snapped at their children for watching as they communicated manually, etc. Sound familiar? But sadder yet was the recognition of the lack of self confidence demonstrated by her friend. Somewhere, somehow during his 25 years, he had allowed himself to become restricted and his potential tc be limited because of attitudes. He perceived the new relationship, as did others, as one of superior/inferior interaction.

The personal anger experienced by all of these false perceptions resulted in not only a career decision, but a distinct understanding of the influential power of an attitude.

Consider for a moment the power of an attitude. How many times have we as individuals failed to accomplish an objective only in retrospect to recognize that the failure must be attributed to an internal or external attitudinal barrier?

The devastating obstacle presented by attitudinal barriers in our profession cannot be overemphasized! As advocates for change, we may often feel like the mosquito in a nudist colony. We know what ought to be done, but do not know where to begin. Well, before we launch a crusade, consider the suggestion that we begin with a personal attitudinal inventory.

With the imposition of bureaucratic policies and procedures within our various work settings, the danger of developing an "apathetic" or, equally as harmful, "godlike" attitude is high.

Before realizing what has happened, VR counselors, social workers, educators, etc., may find themselves coasting along with a caseload of "things", not people. Projecting such an attitude is unavoidable and may cause irreversible damage to that client whose self-confidence is already so low that s/he must be scraped off of the floor.

On the other hand, responding to the pressure of productivity and cost effectiveness, we may occasionally play "God". Pulling purse strings, restricting client/student programs and slamming those cases closed is characteristic of this syndrome. Results are, among other things, underemployment, lack of education, lack of socialization or even the skills with which to socialize. Providing a fraction of this and a bit of that, our total is less than whole and the sum is a dependent attitude on the part of the disabled individual.

The point attempted to be made is that external factors, if allowed, will affect our attitude. "If allowed", is the key. The choice to influence or to be influenced is ours. True, we cannot expect to control external factors. However, developing and using the power of our personal attitude can serve not only as motivation for a disabled person with which we are working, but may provide the influence needed to modify external factors. Healthy attitudes are contagious!

Having completed our personal inventory and finding an attitude which results in behavior that encourages indepencence and allows for the realization of maximum potential, we are then ready to confront the oppressive attitudinal barriers of society.

You have met and will continue to meet those closed-minded individuals who have been referred to as severely, borderline, and so-called able-bodied. You have met and will continue to meet disabled persons who have allowed the attitudinal power of society to convince them of a second class dependent status. Keep in mind, these people were not born with their prejudices and beliefs. They were learned; therefore, are capable of learning. That is our ray of hope.

One last thought before the program is turned over to the co-presenter to take a more detailed look at the projection and influence of attitude through behavior. Never underestimate the influential power of an attitude and when attempting to change deep-rooted ideas cultivated by years of misconceptions, remember that no opportunity to enlighten is too small. "Jumping at several small opportunities may get us there quicker than waiting for one big one to come along."

SEXUAL COUNSELING AND EDUCATION FOR THE DISABLED COLLEGE STUDENT — A LOOK AT ATTITUDES AND COUNSELING TECHNIQUES

Maria Armstrong, University of Denver
Scott Manley, Craig Hospital

ABSTRACT

Sex education and counseling in a higher education setting can be one of the most challenging and innovative components of a comprehensive student service program. Sex education can provide an opportunity to develop and utilize creative teaching methods in answering questions related to the sexual concerns of the disabled. However, the concept of sex education and counseling for disabled college students is a relatively new field wrought with unknown fears and misinformation and, therefore, many professionals prefer to deal only with the physiological aspects of sexual function and reproduction, rather than addressing the more controversial or emotional aspects. This approach limits what can be offered in the area of sex education and counseling, and also adds a stigma to an area already saturated with emotional responses and misconceptions. Instead of dealing only with the physiological aspects of sexuality, a comprehensive educational program should incorporate all facets of a person's sexual life and identity, including how that person feels about him or herself as a sexual person, how he or she interacts with others as a result of these feelings. A student's sexual self concept, sense of masculinity or feminity, sexual preferences, beliefs, and values should also be incorporated into a comprehensive educational and counseling program.

Disabled students who are not afforded the opportunity to participate in sex education or counseling programs and have concerns about their own sexuality may spend an inordinate amount of time and energy trying to resolve their concerns. Unlike many of their able bodied peers, these students may not have had the opportunity nor the resources to find appropriate information about sexuality. Therefore, it is the intent of this paper to explore different educational or counseling approaches working with disabled students which professionals may want to consider utilizing in their educational setting.

Prior to exploring various educational or counseling techniques, it is important to understand some basic terminology utilized throughout this presentation. These terms include sex, sex acts, and sexuality. Sex can be defined as one of four primary drives. The other three drives include hunger, thirst, and avoidance of pain. All these primary drives originate in the subcortex, but are modified by learned responses originating in the cortex. In other words, even though the drive is a primary drive, it is also a conditioned behavior, and may be continually modified as a human behavior. The basis, historically, for most sex information which we receive and learn is through state and church laws. Sex acts are behaviors associated with secondary erogenous zones and genitalia. Specific types of sex acts include masturbation, sexual intercourse, oral-genital sex, rape, etc. Sex acts do not encompass the relationship of the people involved, their emotions, or their attitudes. Sexuality is the combination of sex drives, sex acts, and the aspects of the personality concerned with learned communications and relationship patterns. Sexuality is learned, and involves regulated communication within the relationship process. This can occur at many levels, such as conversation, shared activities and interests, or various expressions of affection. Therefore, as part of the learning process, there may be controls, prohibitions, and regulations which may produce different types of attitudes, anxieties and misconceptions about sexuality. This can significantly affect communications and relationships between people.

In addition to having an understanding of some basic terminology, it is also important to develop an understanding of how people develop sexual attitudes and values. This can be accomplished by exploring some of the typical views of sexuality held within our society. The common base of all these viewpoints is an individual's learning experiences. Learning experiences can vary from a very positive viewpoint about one's own sexuality to a very negative restrictive viewpoint. The ideal viewpoint would be one which would incorporate honest interaction in coordination with the emotional and cognitive aspects.

Dr. Ted Cole, from the University of Michigan, describes a model which relates to the development of society's current sexual attitudes. He describes the model as the Cycle of Sexual Ignorance. The Cycle begins when children start to question and explore sexuality, and are greeted with subtle or overt recriminations. This leads to feelings of guilt and shame concerning their own sexuality, and the questions stop. Unfortunately, myths, taboos and misinformation become the answers to their questions. These children eventually grow into adolescence and meet other young people whose sexuality has similar foundations of guilt, shame and ignorance. These individuals marry and often have sexual difficulties for which they seek counseling. Unfortunately, the counselor working with the individual(s) is often in the same dilemma. As a result, the ignorance and myths remain fixed and are passed on to the next generation and the Cycle of Sexual Ignorance starts all over again.

The Cycle of Ignorance described by Cole could have a significant effect on disabled students. For example, Dr. Richard Chilgren, University of Minnesota, formulated a sexual energy construct which theorizes that an individual starts each day with 100 units of energy. These various units of energy can be utilized in tending to activities of daily living, vocational pursuits, social events, biological needs, etc. Typically, these units of energy are fairly well balanced between the individual's daily activities. However, he conjectures that if an individual has unresolved concerns regarding his or her own sexuality, a disproportionate number of these energy units will be directed toward coping with sexual concerns. Unless the student can resolve these sexual concerns, an inordinate amount of energy will be expended in this fashion instead of being expended in other areas of growth, e.g., personal relationships, vocational pursuits, and so on.

To assist students in dealing with their sexual concerns, several approaches to sexual counseling have been developed. One approach developed by Dr. Jack Annon at the University of Hawaii fits particularly well within the higher education setting and in particular in working with disabled students. His theory involves several levels of counseling intervention. These include permission, limited information, specific suggestions, and intensive therapy.

Dr. Annon's model serves as an excellent resource for both the counselor who has indepth sexual counseling or education experience, or the counselor who is just beginning to work in the area of sexuality and disability. In addition to Annon's models, several specific techniques have been found to be very helpful in working with disabled students. To a large extent, the success of these techniques is based upon the professional skill of the counselor involved. These specific therapeutic tools include body imagery, sensate focus, body caress, sexual history, homework assignments, audio-visual aids, and the use of resource "experts."

In conclusion, disabled students in a higher education setting should be afforded the opportunity to discuss and explore their own concerns regarding sexuality. Counselors and other professionals dealing with issues in the area of sexuality should not only be aware of their own attitudes, but must also be prepared to deal with varied learned attitudes their clients may present. Knowledge about specific aspects of sexual functioning is essential as well as how a given disability may affect sexual function. However, just as crucial is the counselor's ability to assess the student's communication and interpersonal skills. Many times long term therapy is not needed; rather, sanction, open communication and information sharing, along with specific suggestions, may be all that is necessary. Other techniques such as body imagery and sensate focus may also be useful. Even the consideration of more controversial methods of sex education for the disabled, as depicted in the film "Sex and the Handicapped" can benefit professionals involved in the development of a sex education or counseling program.

THE MULTIDISABLED ALCOHOLIC STUDENT AND THE STUDENT WHOSE DISABILITY IS ALCOHOLISM

Andrea Schein, University of Massachusetts

ABSTRACT

Problems related to alcohol and drugs are of concern to disabled student coordinators in two areas. First, some disabled students have alcohol problems. Second, alcoholism itself is a disability. The disabled student coordinator can have a role in insuring that the college makes reasonable accomodations to the needs of students whose disability is alcoholism.

The Multidisabled Alcoholic College Student

The alcoholism treatment field has very recently begun to focus attention on the multidisabled alcoholic. It is now a new area of emphasis for the National Institute on Alcohol Abuse and Alcoholism (NIAAA) which is encouraging and funding alcoholism services that serve disabled people. Alcohol Health and Research World, produced by NIAAA, published a special issue on "The Multidisabled Emerging Responses" (volume five, number two, winter 1980/81). This excellent collection of articles is an important resource and a major information source for this paper.

There has been very little national data collection on the multidisabled alcoholic, but preliminary studies suggest that alcoholism is at least as prevalent among disabled people as among the general population. It is not difficult to understand why there would be an equal number. Alcoholism is an equal opportunity illness.

What are some of the special factors that might influence a disabled person to become dependent on alcohol?

(1) One student told me that some people thought she had more reason to drink because of her disability; and she felt that sometimes that was true. There is a great deal of frustration associated with being disabled in an inhospitable world and suffering the stereotyping, rejection, feelings of uselessness that an uniformed society imposes. Some disabled people may turn to alcohol initially to ease chronic physical or psychological pain.

(2) Disabled people are particularly vulnerable to abuses of prescriptive drugs, sometimes in combination with alcohol or other drugs. Physicians frequently prescribe drugs for pain or spasm without exploring alternative treatments or discussing the possibility of addiction or negative effects of mixing drugs and alcohol. The worst offender here is valium.

(3) Alcohol may be directly related to the cause of disability. There are no studies on the frequency of disability resulting from alcohol abuse but it stands to reason that if more than half the highway deaths are related to alcohol misuse, many traumatic disabilities must have been related to driving while intoxicated. This is a very painful idea. The injured person may find it difficult to deal with the guilt of having contributed to the cause of his injury by drinking. Hospital and rehabilitation people often avoid confronting suspicions of alcoholism because they do not understand alcoholism intervention strategies, or because they feel there are many other important issues to deal with during rehabilitation, or because they are personally uncomfortable dealing with issues related to alcohol. (This is somewhat analogous to the discomfort many rehabilitation professionals have felt regarding sex and disabled people, an issue now discussed more openly). All these things contribute to the "conspiracy of silence" which allows alcoholism to continue and progress as if no one cared.

(4) Barriers to treatment. There are four groups of barriers to treat-

ment for disabled people. Attitudes of helping people, attitudes of disabled people themselves, communication problems, and architectural and transportation barriers.

(a) Attitudes of helping people. Rehabilitation professionals are unfamiliar with alcoholism, and may hold inaccurate stereotypes about the nature of alcoholism and the possibility for successful treatment. Professionals in alcoholism are unfamiliar with disabled people and may feel pity or discomfort, interference with treatment.

(b) Attitudes of disabled people. Many disabled people have a negative image of themselves. People who do not feel important lack motivation to seek treatment.

Who wants the double stigma of disability and alcoholism? Society has many negative stereotypes of disabled people. Alcoholics are perceived with a similar set of negative stereotypes plus unfavorable moral judgements. As workers with disabled people, we must examine our own attitudes toward alcoholism and learn something about the truths that contradict familiar myths about drinking. It is a good idea to attend an AA meeting and learn about what it is like to be an alcoholic. Alcoholism is an illness.

Having friendships with people who abuse alcohol and drugs produces "co-addiction." Alcohol or drugs becomes part of a lifestyle, central to friendship, and perhaps a source of income. A person with low self-esteem may feel unsure where the next friend will come frmm, and may feel very uncomfortable about risking friendships-not frequenting the bar, dismissing a PCA or roomate who had been a drinking buddy, etc.

(c) Communication problems. Deaf people have a particularly difficult time obtaining treatment in a language they can understand. There is only one in-patient alcoholism rehabilitation center for the deaf at Cape Cod Alcoholism Intervention and Rehabilitation Unit (CCAIRU) in Massachusetts. There are now several different programs in the United States addressing the problems of the deaf alcoholic.

(d) Architectural and transportation barriers. Of course, architectural and transportation barriers limit the accessibility of alcoholism rehabilitation to disabled people. Many of these programs are covered by 504 but are unaware of their obligation to be program accessible. The problem is just now beginning to be addressed. People concerned with these issues have joined together in the National Coalition on Substance Abuse and the disabled. (The person to contact is Alexander Boros, Chairperson, 1547 Barlow Road, Hudson, Oh 44236).

The role of the disabled student coordinator is to be aware of multi-disabled alcoholics, to learn about intervention strategies and local resources, and to break the conspiracy of silence.

The Student Whose Disability is Alcoholism

Under Section 504 alcoholism and drug abuse are considered handicaps. This definition is clarified in the 1978 Rehabilitation Act Amendments. Employers and service providers are not required to "change performance or behavioral standards regarding past work performances, or disruptive, abusive or dangerous behavior, even if these actions stem from a person's alcoholism or drug addiction." Reasonable accomodation to alcoholism does not imply toleration of inappropriate behavior.

What is reasonable accomodation for the alcoholic student? Three elements might be:

(1) Providing Alcoholics Anonymous Meetings
(2) Improving the atmosphere on campus that seems to encourage drinking, and
(3) participating in an alcohol education program.

(1) Alcoholics Anonymous Meetings.

Last Fall a student asked if it would be possible to hold AA meetings on campus at U. Mass/Boston. This turned out to be a very easy thing to do. A room was reserved, announcements posted, and people showed up. Holding AA meetings on campus not only costs nothing, but under AA rules, AA cannot accept any financial support from outside sources.

The students and employees who attended meetings last Fall were very grateful for the opportunity. Several students had begun drinking while in college and had to leave school. They had achieved sobriety with the support of Alcoholics Anonymous and returned to college. Now with the pressures of classes, studying, jobs, and sometimes family responsibilities, they were finding it difficult to attend meetings as frequently. A couple of people said that they did not want to have to risk their sobriety for college.

(2) Improving the atmosphere on campus that seems to encourge drinking.

Some students in the AA groups expressed apprehension about being at college where so many activities center on drinking; campus pub, beer blasts, even departmental wine and cheese parties. Many colleges have adopted a policy that non-alcoholic beverages must be served at any function where alcohol is served. We discovered that this policy had been approved long ago at our school and was taking up space in the student handbook, but it was not being enforced. University activities which serve alcohol exclusively are not accessible to alcoholic students who are trying to maintain sobriety.

(3) Participating in an alcohol education program.

Many campuses are responding to alcohol-related vandalism and health problems by conducting positive low-key, non-coersive alcohol education programs. There are many possibilities for on-going activities which would inform students about alcohol. An excellent source for information about campus alcohol programs "Think Twice" - a project of the United States Brewers Association, Inc. , 1750 K Street, N.W. Washington, D.C. 20006.

The problems of the multidisabled alcoholic and the alcoholic college student have not received the attention they require. In order for these problems to be properly addressed, people who work in alcoholism must learn more about disabled people and we must learn more about alcohol.

Career Counseling/Placement Services

IS THERE LIFE AFTER GRADUATION? (Strategies for Career Services)

Susan Phillips Cohen, Long Island University, Brooklyn Center
Jeffrey Lambert, Long Island University, Brooklyn Center
Diane Murray, Long Island University, Brooklyn Center
Bob Nathanson, Long Island University, Brooklyn Center

ABSTRACT

Since 1967, Long Island University, Brooklyn Center, has been working with large numbers of students who are disabled. The University's career-related services have been greatly expanded over the past few years in response to the ever-increasing realization that academics alone do not adequately prepare a student to face the "world of work."

This session will discuss a longitudinal approach to career services, one that follows a student from pre-freshman status to graduation....and beyond. Our Career Services staff, assisted by two LIU students who are disabled, will discuss a variety of career-related concerns, techniques, and methods that have been found to be helpful. Particular emphasis will be placed on three areas: 1) Initial Career Needs Assessment: 2) CAREER DIRECTIONS Program (internships); 3) Transitional Services. The primary objective of the session is to encourage attendees to think of career services as an ongoing process.

While we realize that each postsecondary institution must develop a system of career services for disabled students that is consistent with such things as its own budgetary limitations and available institutional resources, we'd like to share with you an approach to service delivery that has yielded some positive results on our own campus during the past several years. The aim of our presentation today is to provide an opportunity for an exchange of information so that we'll all come away with an increased commitment to the notion that if comprehensive campus-based career services are made available throughout a student's college years, his or her chances of finding satisfying employment after graduation can be substantially improved.

Our basic premise is that as students progress through four or five years of college, their career-service needs change. With those dynamics in mind, our career services have been developed around the three following areas:

INITIAL CAREER NEEDS ASSESSMENT

As soon as an individual has been accepted as a matriculated student by the University, he or she is invited to meet with the Special Educational Services Program Director to discuss individual needs and services that are available on campus. Since we believe that career services should begin at the pre-freshman level, a substantial portion of this interview is devoted to an initial identification of career-related issues. Typical issues that are broached during this initial meeting include:

-- Tentative career goal(s)

-- Past work history

-- Possible need for adaptive aids and appliances

-- Availability of community-based resources to aquire skills (typing, driving lessons, A.D.L. skills, etc.)

-- Selection of appropriate major course of study

-- Feeling "locked in" to stated "vocational objective" because of state sponsorship

-- Evaluating a college education as the most sensible way to meet a student's specific career goal

-- The importance of gaining part-time and summer work experience

-- The importance of developing personal care systems and routines

Although the initial interview can, at best, only scratch the surface regarding career-related issues, we believe it is critically important for students to begin thinking about their career-service needs early. While it is true that most pre-freshman will be thinking primarily of academic matters,we believe that opportunities for ultimate career success will be enhanced by an early confrontation with difficult career-related issues.

Working closely with the CAREER DIRECTIONS Coordinator, the Program Director often raises the value of pursuing a CAREER DIRECTIONS placement in the local business community. After the requirements of the CAREER DIRECTIONS Program are briefly outlined, students are encouraged to make contact with the Coordinator of that program for further information.

CAREER DIRECTIONS PROGRAM (freshman/sophomore internships)

Vocational choice is part of the total developmental process. For non-disabled young people, the elementary and secondary school years are typically filled with a variety of activities and experiences that have future vocational implications. Hobby clubs, sporting events, science fairs, field trips and other activities provide an extensive pool of experiential information from which students learn a great deal about careers. These experiences also enable young people to assess their own interests, abilities, and limitations. Part-time and summer employment give students an opportunity to "try-out" a number of career ideas in an informal and casual way. Experiences as these are infinitely more valuable than reading or being told about the world of work.

The University's experience with disabled students during the sixties and early 1970's indicated that many disabled college students had not been sufficiently prepared to make an experience-based decision concerning a college major, not surprising when we consider the limited exposure they may have had to the world of work. Many physically handicapped college students have spent formative years in restrictive and unstimulating settings,such as hospitals and segregated special schools. Unlike their non-disabled peers, many disabled students have not had an opportunity to experience part-time or summer employment, nor any other type of pre-college work experience. They frequently have a limited understanding of vocational options and are not certain about how their particular physical limitations may affect their ability to function on a job. As a result, these students often approach career choice and employment in a naive and unrealistic manner.

CAREER DIRECTIONS, a unique component of LIU's Special Educational Services Program, is designed to improve the career choices made by disabled students. Geared to freshman and sophomores, CAREER DIRECTIONS provides career information based on first-hand observation and experience. After extensive counseling and research, the Coordinator places students with a "Supervising Professional" in a local industry setting, where they spend 15 days per semester gathering information and experience around their tentative career goals. Back on campus,they are encouraged to exchange information with other participating CAREER DIRECTIONS students in regularly scheduled group sessions.

As a result of CAREER DIRECTIONS placements, students are able to answer the following kinds of questions:

- "What does an (accountant) actually do."
- "What are the educational requirements for an entry-level position? What is an appropriate college major?"
- "Based on what I've observed, is this kind of work interesting and enjoyable to me?"
- "Are (accountants) employed in all sections of the country, or are most jobs available only in certain geographical locations?"
- "What can I expect as a starting salary? Is there reasonable opportunity for career growth?"
- "What are some other occupations that are related to (accounting)?"
- "Considering my physical limitations, can I function adequately in this field?"
- "Will I need adaptive equipment? What kinds are available?"
- "Are other people with similar disabilities employed in this field?" (Students are encouraged to seek out these individuals.)
- "What is the expected occupational outlook for this career? Is it reasonable to expect that there will be job openings when I graduate?"
- "Are the daily responsibilities of this job consistent with my aptitudes and interests?"

The CAREER DIRECTIONS Coordinator maintains a close relationship with the Vocational Counselor/Coordinator for Transitional Services. As students approach their junior year, they are encouraged to meet with the Transitional Services Coordinator to re-evaluate their continued career guidance needs.

TRANSITIONAL SERVICES (juniors, seniors, and recent graduates)

By the time students reach their final years of college, many will have already chosen satisfying careers and will be preparing themselves with appropriate academic training and work experience. Others will be floundering. Sociology majors who have just been told there are no jobs, prospective accountants who suddenly lose their sight, or nursing students who would rather be doctors need many of the same career services entering students require - testing, information, and support.

Unfortunately, even the best education and experience will not insure a productive working life to a wheelchair user who lives in a fifth-floor walk-up apartment or to the quadriplegic who can't afford a private van service, but has not learned to drive. The Coordinator of Transitional Services assists students in both conventional vocational areas and in those aspects of a student's life which may prevent him or her from working.

The Program's Vocational Counselor/Coordinator for Transitional Services primarily works with Juniors, Seniors and recent graduates. She provides individual and group services, and:

-- Works closely with the CAREER DIRECTIONS Coordinator to ensure the continuance of appropriate vocational services when students begin their junior year.

-- Works directly with the Program's Educational Specialists assisting students to select academic coursework that prepares them for their vocational goals.

-- Provides career planning guidance and encourages self-assessment of Program students, utilizing individual and group counseling techniques and interest and aptitude testing batteries, as deemed appropriate.

-- Develops innovative methods of improving the employability of Program students; becomes familiar with the latest developments in specialized adaptive equipment and develops a comprehensive file of these devices; develops career-related resource materials.

-- Keeps Program students informed about such up-to-date information as opportunities in Civil Service, examination dates, testing procedures, and job openings.

-- Assists students in developing part-time and summer work experience, and contacts that may lead to employment after graduation.

-- Conducts workshops to develop job readiness such as effective interviewing techniques, job-seeking skills and the preparation of an effective resume.

-- Provides Program students with information concerning Affirmative Action, Equal Employment Opportunity and other non-discrimination laws that relate to employment; invites guest speakers from private industry, public agencies and government to discuss employment opportunities.

-- Serves on community-based committees concerned with the employment of disabled people; sensitizes local employers about the employment potential of workers who are disabled.

-- Assists students who are preparing to graduate to become familiar with community resources that will provide future assistance in such areas as personal care and independent living skills, specialized transportation, accessible housing, and job placement.

-- Makes direct referrals to community-based agencies prior to students' graduation to effect smooth transition from school to an independent life after college.

Thank you for your attention. While we believe we've developed a reasonable approach to assisting students with their career needs, we are by no means completely satisfied with our techniques and methods. We'd like to use the remaining time to ask for your comments and urge you to present alternative ideas which you may have found helpful in your own work.

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GETTING THAT JOB: CONCRETE STEPS TOWARD GAINFUL EMPLOYMENT

Debra A. Sampson, San Jose State University

ABSTRACT

Disabled college graduates take much longer than their able-bodied peers to obtain employment, and all too frequently end up unemployed or underemployed. What can be done to insure successes? Well, without trying to sound facetious, successful applicants are those applicants judged to be successful by potential employers. Therefore, knowing the criterion employers use to evaluate job applicants is essential in order to map out a successful career planning as well as placement strategy.

According to Powell (1974), the top 15 reasons employers give for rejecting job applicants are:

1) Lack of proper career planning--purposes and goals ill-defined;
2) Lack of knowledge of field of specialization--not well qualified;
3) Inability to express self clearly;
4) Insufficient evidence of achievement or capacity to excite action in others;
5) Not prepared for the interview--no research on company;
6) No real interest in the organization or the industry--merely shopping around;
7) Narrow location interest--unwilling to relocate;
8) Little interest and enthusiasm--indifferent;
9) Overbearing--overaggressive--conceited;
10) Interested only in best dollar offer;
11) Asks no or poor questions about the job;
12) Unwilling to start at the bottom--expects too much too soon;
13) Makes excuses--evasive--hedges on unfavorable factors in record;
14) No confidence or poise--fails to look interviewer in the eye;
15) Poor personal appearance (p. 79).

These "knockout" factors are, by no means, limited to job applicants who have disabilities. However, the increased difficulty this population has in obtaining professional employment warrants exploration of reasons rejections occur so frequently and outlining implications for action.

The chart appearing on the following pages summarizes problem sources for disabled college students and proposes those activities which will decrease the probability of rejections, and increase the probability of successful placement upon graduation. The key is getting the students involved! The majority of students with disabilities do not take advantage of services offered by their Career Planning and Placement Centers. Close to, or following, graduation, some approach their sponsoring community agencies for placement assistance. At this point it is difficult to find professional openings since most employers do the majority of their interviewing and hiring between October and April. Waiting until after graduation to begin the job hunt places students at an extreme disadvantage in the job market. At this point, it is also too late to acquire skills and experiences which could enhance their "marketability" with potential employers.

We need to focus, then, on techniques which will encourage students to start planning for gainful employment early. The following are some outreach activities which will prove helpful in successfully recruiting students for career-related services.

1) Designate a section of the Disabled Services newsletter for articles on career trends, Affirmative Action and related legislation, Career Planning and Placement events/programs/services. Discuss the benefits of early involvement and the consequences of waiting too long; say it like it is.

2) Conduct presentations for Department of Rehabilitation staff to describe campus career services, emphasizing the need for early

FIFTEEN KNOCKOUT FACTORS

(Reasons why candidates receive rejection replies)

Reasons	Problem Sources for Disabled Students	Implications for Action
LACK OF CAREER PLANNING--PURPOSES AND GOALS ILL-DEFINED.	** Lack of confidence about what they CAN do. ** Are often not used to taking responsibility for decisions affecting their lives; "they" concept. ** Have not taken advantage of career guidance; no sense of direction. ** Lack of knowledge of world of work and career paths available.	** Mainstream for career guidance/assistance as early as possible. ** Encourage to get relevant experience in field of interest. ** Research interest area to learn about alternate career paths, clarify long- and short-term goals. ** Role-play expressing goals.
LACKS KNOWLEDGE OF FIELD--NOT QUALIFIED FOR JOB.	** Have not researched this position and not aware of qualifications. ** Have not planned curriculum to be academically qualified (eg., supportive coursework). ** Lacks desired work experience; often afraid of jeopardizing sources of financial assistance. ** May be qualified, but lacks ability to "sell self" effectively.	** Career advisement early to set and plan for career goals, taking career trends into consideration. ** Determine necessary qualifications prior to the interview. ** Practice conveying qualifications that relate to this position.
INABILITY TO EXPRESS SELF CLEARLY.	** Have not taken advantage of placement services and has not prepared well for interview; does not know what to expect and responses are not thought out. ** Goals ill-defined, so they are difficult to express. ** Presence of a speech impediment makes expressing self difficult.	** Refer for assistance in planning job search strategy and interviewing techniques. ** Clarify and practice expressing goals, skills, qualifications. ** Students with speech impediments will want to plan for easy communication. It may help to bring pen and paper, a pre-written summary of marketable skills and answers to anticipated reservations.
LACK OF EVIDENCE OF ACHIEVEMENT OR ABIL. TO EXCITE ACTION.	** No involvement in campus activities. ** Minimal or no work experience, so no evidence of leadership or proven successes. ** Lack of assertive and confident behavior, so appears to lack the ability to excite action in others.	** Encourage to get involved in campus activities/leadership roles. This is particularly helpful if cannot accept employment. ** Work experience, trying for lengthy employment and increased responsibility. Related work is preferred. ** Practice assertive presentation of self; honestly convey how student comes across.
NOT PREPARED. NO RESEARCH ON COMPANY.	** Does not utilize CPPC services so has probably not researched the field or the organization; may not be aware of job hunting strategies.	** Refer for placement assistance. ** Encourage to utilize resources available in Career Resource Center or campus library.

Reasons	Problem Sources for Disabled Students	Implications for Action
NO INTEREST IN ORGANIZATION--SHOPPING AROUND.	** Has not done prior research to determine whether truly interested in organization or not--uses interview for this purpose. ** May be playing numbers game: applying widely across the board, hoping to get a few offers. (Not the best way to concentrate efforts.)	** Encourage to research field and specific organization. ** Encourage being more selective and concentrating on organizations most interested in.
NARROW LOCATION INTEREST. WILL NOT RELOCATE.	** May feel uncomfortable with the idea of finding support services, accessible housing, etc. in new area. ** Unaware of services/organizations available to assist with relocation.	** "Accessibility" pamphlets put out by Easter Seals Society for major cities in the U.S. ** Contact specific disability groups for assistance/information. ** Contact Chamber of Commerce and Real Estate Agencies.
LITTLE INTEREST OR ENTHUSIASM.	** May not know how to convey interest assertively. ** Hard to "sell self" enthusiastically if goals are ill-defined and lacks confidence, etc.	** Self-assessment to identify skills and abilities so can verbalize them. ** Role-play interview process. Practice assertive verbal and non-verbal behavior. ** Development of "take charge" attitude.
OVERBEARING AGGRESSIVE CONCEITED.	** May come on too strong to compensate for perceived weaknesses. ** RARELY the case, however--usually not assertive enough, ** Lack of interviewing experience.	** Role-play. ** Interview for information tc gain experience conversing with organizational representatives.
INTERESTED ONLY IN BEST DOLLAR OFFER.	** Lack of experience in field and/or research may cause unrealistic expectations. ** Lack of preparation for interview so has not prepared list of appropriate questions; money only thing can think of at time.	** Refer for job search assistance. ** Prepare list of questions ahead of time. Should not address salary unless employer does so first.
ASKS POOR QUESTIONS ABOUT JOB.	** Unprepared for interview. ** Unassertive attitude--not prepared for "sharing" process. ** Asks questions in the interview that are answered in the literature (not read).	** Check research on job hunting and suggest appropriate questions to ask. ** Encourage to ask questions of particular relevance to them.
UNWILLING TO START AT THE BOTTOM.	** Does not understand entry level positions and long-range planning. ** Not usually the problem--all too often, willing to start at the bottom and stay there.	** Peruse job listings and company literature to acquire an understanding of career paths and entry level positions.

Reasons	Problem Sources for Disabled Students	Implications for Action
EVASIVE--MAKES EXCUSES FOR PAST RECORD.	** Uncomfortable with certain questions asked--not sure how to respond. ** May have unusual amount of unfavorable factors (no work experience, gaps of time). ** Unsure of positive factors to focus on--cannot articulate.	** Go over unfavorable factors and anticipated concerns; prepare positive ways to respond. ** Avoid making excuses--take responsibility for situation and discuss what was learned or gained from experience.
NO POISE OR CONFIDENCE.	** Not prepared for interview--difficult to feel confident. ** Disability may be such that non-verbal indicators of confidence are affected (firm handshake, eye to eye contact, good posture, etc.)	** Appropriate preparation. ** Bring to students' attention ways of compensating for and/improving non-verbal behaviors in order to present self assertively.
POOR PERSONAL APPEARANCE	** Lack of interviewing or work experience--may be unaware of professional dress. ** May not be aware of how they look to others (eg., visually impaired), or sensitive to own grooming.	** Give student specific standards/guidelines. ** Be honest and give constructive feedback.

(Recruiting techniques, cont.)

involvement. Request that they refer those clients who attend your campus, particularly graduating students.

3) Obtain referrals from academic advising, dorm resident advisors, counseling center and related campus departments.

4) Invite member of Career Planning and Placement staff to present at new student orientation and similar gatherings.

5) Correspond with seniors, encouraging early participation in on-campus recruiting program.

6) Post fliers advertising programs of Placement Center. Display their brochures in high-traffic areas.

7) Personal referrals in initial in-take interview.

8) Advertise services in office pamphlets/brochures.

Career Counseling for Students with Disabilities

Career Advisement specifically for disabled college students is a relatively new concept. Ideally, the advisor will be 1) someone with rehabilitation specialization and 2) be housed in the Career Planning and Placement Center to mainstream the service and interact with employers. Other options include housing the advisor in the Disabled Services Office or conduct in-service training with Placement Center staff in order to develop specialized services. The route you take will depend on the individual situation at your campus and the resources at your disposal. The remainder of this paper will focus on issues that need to be addressed when working with disabled students in the career planning and placement process.

Career Planning

Theoretically, the process is the same as in advising able-bodied students; the goal is to decide upon a career that maximizes strenths and abilities, and is consistent with interests, values, preferred lifestyles, etc. Additional issues

(Career Planning, cont.)

can include any or all of the following topics which should be addressed by the counselor at some point in the career planning process; students will probably NOT initiate discussion of these topics.

A. Discussion of the disability
   1. What is the nature of the disability and how does the student feel about it?
   2. How does the student perceive the disability impacting employment? What are the student's fears/reservations/concerns about his/her ability to perform successfully on the job?
   3. What are the student's strenghts and abilities? What kinds of limitations exist?
   4. How much does the student know/understand about the disability? Does he/she have recent information?
   5. What is the student's support system like? Does he/she know anyone with a similar disability?
   6. Is student on medication? What type and how often is it taken? Does student have any side effects? (Consult Physician's Desk Reference.) How will side effects impact job performance?

B. Career exploration
   1. Why has student selected present major? Does student convey "ownership" of career decisions/goals?
   2. Does student need information on modifications and accomodations that would allow additional career options?
   3. Is student "self-limiting"?
   4. Does student know what career options will be available with his/her major? Has a goal been set?
   5. Aside from declaring a relevant major, does student know how to plan for career aspirations? Explore: supportive coursework outside of major; involvement in extra-curricular activities and professional groups; work experience; etc.
   6. Is student being sponsored by a community or state agency? Is student keeping in contact with them, advising them of changes in plans, etc? Do you have student's permission to share pertinent information with his/her counselor?

C. Work experience
   1. What kinds of work experience does student have? What was gained from that experience? How did it work out?
   2. Does student need work experience, particularly as it relates to career objectives?
   3. Will paid employment jeopardize sources of financial assistance? Explore variety of ways to obtain experience: volunteer, experience for academic credit, internships, co-operative education, summer and part-time jobs.
   4. Will student consider using work trial period to gain experience?
   5. Does student have job seeking skills needed to obtain experience?

Placement

As with career planning, the placement process is theoretically the same as with able-bodied job applicants; it is the APPLICANT'S responsibility to sell him- or herself to a potential employer before leaving the interview. This is not obvious to most disabled applicants who frequently feel an employer has to make an offer because of an existing handicap. Perceiving that this responsibility lies with the employer, the disabled applicant does not adequately prepare for employment interviews. An applicant can have all the qualifications in the world for a job, but if he/she does not have effective job hunting techniques, he/she is not going to get an offer!!!

A. Affirmative Action
   1. What is the student's understanding of his/her employment rights and the employer's obligations? (Correct myths.)
   2. Accomodations: is student aware of what his/her needs will be on the job? Can he/she convey these needs?
   3. Discussing the disability in the application process: student's concerns and questions include the following: "Who should bring up disability?" "Should I tell?" "How do I tell?" "What do I tell?" "When do I tell?" "What if I don't tell and they find out (eg., Medical Exams)?" "Should

(Placement, cont.)

I put my disability on a resume?" "Do I have to answer questions about my disability on application forms? What should I say? What if I leave it blank?" All of these questions should be explored thoroughly, discussing legal and illegal interviewing techniques. There is no one right solution that will assist all students in all situations; the student who prepares well will know how to weigh each situation and use his/her own discretion. For example, no one HAS to bring up the topic of disability; however, if the student feels tension and anxiety in the air, it may be wise to address ABILITY to perform the job and invite employer to express concerns. Student should take care in selecting vocabulary to discuss disability; try for ability-focused conversation and avoid labeling the "diagnosis" (all that Latin doesn't mean much to most employers anyway.)

4. Discrimination: how to handle it during and/or after the employment interview.

B. Preparation

1. Student must enter the employment process with the assumption that the interviewer will know little or nothing about disability. Given this assumption, student can also assume that he/she has questions about the applicant's ability to perform at the job, but may not feel comfortable asking these questions. If these concerns are not addressed, the applicant will not be offered a position. Therefore, student will want to be prepared to educate the employer on the ways in which his/her disability will not handicap ABILITY to perform effectively on the job. Student should have a thorough understanding of the tasks involved and be able to confidently convey qualifications to perform these tasks.
2. Has student researched the field in general, and specific career paths within the organization of interest?
3. Has student attended an interviewing techniques workshop? Does he/she have a resume which effectively summarizes qualifications/experiences?
4. If student has a severe speech impediment, he/she may find it helpful to bring a prepared summary of qualifications, answers to expected questions and a pen and paper. Focus on easing the communication process. Student should also welcome the employer to ask him/her to repeat statements when not understood.

C. Positive presentation of self--Job applicants must present themselves in a confident/assertive manner in order for prospective employers to feel confident about offering them positions.

1. Making a good first impression. How does student come across to you? How assertive are student's verbal and non-verbal behavior?...Those factors which impact one's perception of confidence/assertiveness can all be limited by the presence of a disabling condition. Consider these: handshake, eye to eye contact, good posture, brisk walk, tone of voice, gestures, facial expressions, verbal content. Can student improve upon some areas and compensate in others? I urge interested readers to refer to Huss & Reynolds, 1980 for an in-depth look at assertiveness training with disabled college students.
2. Should the job applicant initiate the handshake? Depending on the nature of the disability, it may not be obvious to the employer that the applicant is able to shake hands. The first few moments can be awkward and tense unless applicant makes the first move. If he/she cannot shake hands, eye to eye contact, good posture and a confident greeting will compensate nicely.
3. Emphasize abilities and minimize the limitations! Role-play will be extremely valuable in preparing the student to handle a myriad of situations, and the variety of employers and interviewing styles he/she may be faced with.
4. Discuss appropriate dress for the interview. Give specific guidelines for clothes, hair, grooming, punctuality, etc. These areas may not be obvious to someone with limited interviewing experience.

Conclusion

In conclusion, although disabled college students have a more difficult time obtaining employment upon graduation than their able-bodied peers, it seems that the self-imposed barriers of ineffective career planning and placement techniques are largely to blame. With a little bit of outreach, you can encourage and motivate students on your campus to adopt a proactive attitude toward developing and achieving career aspirations. Some "implications for action" are as easy as selecting one course over another. Others take some time; but this is time well invested in students' own professional development. Help your students see that no one can do this for them. And no one should.

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PUTTING AFFIRMATIVE ACTION TO WORK

Dinah F. Benveniste, Mainstream, Inc.

PUTTING AFFIRMATIVE ACTION TO WORK

Graduating handicapped students make up a growing and untapped population for businesses to be aware of when recruiting employees. Large and small corporations have a greater need than ever before for finding the most qualified people for their workforce. There is no reason why disabled individuals cannot be among those most qualified.

The law

In 1973, The Rehabilitation Act was signed into law and Title V, better known as "miscellaneous," became the force for employing handicapped people. Section 503 calls for affirmative action in the employment of qualified disabled persons on the part of all employers holding federal contracts or subcontracts totalling $2,500 or more. Jobs for handicapped individuals left the realm of charity and became a matter of law for over 3,000,000 employers who supply goods or services to the United States government. It also established specific protection against discrimination and provided avenues for formal resolutions of complaints. Affirmation action does not stop at the hiring process; promotions, job assignments, training and transfers are also the employer's obligation. There is a similar affirmative action obligation for veterans. It is Section 402 of the Vietnam-Era Veterans Readjustment Assistance Act of 1974. Section 402 requires federal contractors and subcontractors doing business with the federal government for 10,000 or more must have a similar affirmative action policy.

Sections 503 and 402 are being enforced by the Office of Federal Contract Compliance Programs (OFCCP) in the Department of Labor. OFCCP requires contracts of $50,000 and 50 employees to develop and maintain an affirmative action program which sets policies and practices regarding handicapped employees. It must be available to employees and applicants. Unlike other affirmative action regulations for minorities and women, there are no goals and timetables for employers to meet. With this in mind, the bottom line for these two sections are based on the employer's "good faith" to meet his obligations.

Who is handicapped

Section 503 defines a handicapped person as anyone who 1) has a physical or mental impairment which substantially limits one or more of his major life activities, 2) has a record of such an impairment or, 3) is regarded as having such an impairment. Not all handicapped people are covered by this section. For the purpose of Section 503, the person must be qualified to perform the particular job with reasonable accommodations.

What does this mean to the handicapped applicant as he/she hits the job market? He/she is faced with a few additional points to consider. The applicant should be aware of whether he/she is handicapped under the definition. He/she should also make note of the company's employment policy. He/she should know the recruiting resources employers use, recognize a legal application, and be aware of legal interviewing questions and practices.

Recruiting

Contractors must have an active outreach program. If the contractor is obligated to Section 402, he must list all openings with the State Employment Service office. Employers are encouraged to establish a working relationship with vocational rehabilitation offices, Veterans Administration, sheltered workshops and other rehabilitation facilities. Contractors involved in an annual written program would be encouraged to show innovative steps for recruiting handicapped individuals. As employers expand their resources, applicants must expand their knowledge of successful avenues. The employers are becoming more aware of the value of advertising and making specific reference to their affirmative action obligations. They can easily do this by noting at the end of their adds, the letters M/F/H/V, standing for minorities/females/handicap/veterans. This would be the first positive note to the applicant in understanding the company's employment policies. Unfortunately, the Equal Employment Opportunity Clause does not include handicapped people. At this point in time, they are not covered by Title 7 of the Civil Rights Act.

Companies have traditionally recruited applicants on college campuses. Some employers are aware of the additional assistance provided by the Handicapped Students Services office on the campus. If an employer is not using this special service, the director may want to inform the employer and assist them in meeting their obligation. If the communication lines are open, this encourages disabled students to seek out these companies.

Applications and interviews

A disabled individual may choose to directly apply for an opening through the application process. The application comes in many sizes and forms. Many personnel offices are familiar with the legal restrictions on questions about race and marital status on application. It has been accepted that neither has a bearing on how well the job can be done. But when it comes to questions of physical and mental ability there is still concern about the validity of the questions. The law and its regulations state that any disclosure of disability is not to be considered when judging the merits of an applicant. Questions on race, sex, handicap and religious preference may be asked for statistical purposes and may be included in the application on a separate or tear sheet. Applicants should be aware of the types of questions on an application. A question stating, "Do you have a physical or mental disability?" is illegal. A statement making reference to the company's affirmative action obligation and inviting applicants to inform employers of a mental or physical handicap is considered legal. It should also state that the information is not required by law and will be handled in a non-discriminating and confidential manner.

The interview is a very large factor in the hiring process. About 40 percent of complaints that have been filed with DOL under Section 503 have stemmed from the interviewing process. The interview is the first time an applicant and potential employer meet. It is normally a time of nervousness for the applicant and in the case of a disabled applicant, it can be a time of nervousness for the interviewer. The interviewer may not ask questions about an individual's disability unless it is job-related. The employer may invite an applicant to identify him or herself as disabled in order to be considered for the company's affirmative action program and work on a reasonable accommodation if necessary. The first reference to the employer's affirmative action policy should be on the application or the company's brochure.

The applicant with a visible handicap may find questions about the disability becoming the main focus of the interview. Applicants should be prepared if this happens. The interviewer must ask questions concerning the person's ability to do the job only. An example is a blind woman who is qualified to do the job but since some travelling is involved, the interviewer wonders whether the handicap disqualifies her. The interviewer should address his/her doubts by asking whether the applicant is free to travel.

The applicant also has an active responsibility in the interviewing process. The applicant may want to inform the interviewer of the accessibility of most airports and hotels. If an applicant has a speech impairment, he/she may find it helpful to both individuals to state the most affective mode for communicating during the interview. The applicant may lose a job because the interviewer is not aware of the best mode of communicating and cut the interview short due to the uncomfortable situation. It is important that the applicant have control of the interview. It is human nature and curiosity to play a part in the interviewing process and the applicant should be aware of these factors.

If an applicant has a hidden disability, he/she should be aware of the employer's obligation to him/her. The employer must inform and provide opportunities for disabled individuals to self-identify their handicaps. By doing this, they become eligible for the company's affirmative action program.

If the employer is not aware of a person's disability, then that person is not protected by Section 503. Unfortunately, discrimination against disabled individuals still exists and, a person with a hidden handicap should always weigh the potential benefits of affirmative action against possible discrimination.

Reasonable accommodations

Section 503 regulations are written to provide employment opportunities to qualified disabled individuals with reasonable accommodations. The interpretation of what is reasonable is somewhat ambiguous. A contractor is not required to make an accommodation if it would cause undue hardship on the conduct of business taking into account the size and requirements of the obligation. The burden is on the contractor to demonstrate that the accommodations cost would create undue hardship. Reasonable accommodation may be as simple as placing wooden blocks under the worktable to enable the wheelchair occupant to work effectively. Reasonable accommodation may require creative scheduling to work split shifts or extra travel time. Or it may include a reader for a blind lawyer or an interpreter for a deaf employee at a staff meeting. Once again, both the applicant and the employer should be active parts of the employment process. The disabled individual should be aware of the best and most inexpensive accommodation he or she may need to perform the job.

For the majority of employers with federal contracts, price is not an obstacle. Expertise in the area of building modifications and tax incentives are slowly removing the physical barriers for disabled workers. Affirmative action and reasonable accommodation can allow an individual with an emotional disorder and an alcoholic to seek treatment without losing their job.

Medical examinations

The application process for many companies may also include a medical examination. This has been a highly controversial area in regards to disabled persons, especially those with hidden disabilities such as diabetes, multiple sclerosis and cancer. It would be unrealistic to ignore the misuse of medical exams. It is illegal for an employer to use the results of such examination against qualified applicants. The frozen proposed 1980 regulations makes the following safeguards:

- contractors may conduct medical examinations before employment offers are required to applicants.
- the applicant should be informed of the results.
- it must be demonstrated that the examination results are the last factor evaluated before a hiring decision is made.

Supervisors and managers may be told about work restrictions and necessary accommodation. First aid people should also be aware of the person's condition if it requires emergency treatment.

Attitudes

The largest barrier a future employee may encounter will be the attitude of the employer towards disabled persons. The attitudinal barrier is a way of thinking; a feeling which results in the inability to see disabled people as independent individuals. Some employers may have no problems hiring disabled individuals as long as they work in the mail room or kitchen, but you seldom see the disabled in executive positions.

Attitudinal barriers may stem from both parties. An applicant must be aware of his/her own fears and attitudes when interacting with a future employer. Unfortunately, due to previous bad experiences, an applicant may tend to perceive a negative attitude even if one does not exist. An employer's anxiety may come off as a barrier but both parties should be involved in reducing the anxiety factor. An applicant with cerebral palsy may have more difficulty speaking during the interview due to his/her own anxiety. The disabled applicant can reduce the anxiety level by expressing to the interviewer that he/she is aware of his/her speech impairment and due to the situation, the problem is heightened. When the applicant relays this information, it allows the employer to feel more comfortable asking the applicant to repeat a statement instead of letting it be misinterpreted. The situation may be tense for both parties and breaking down the barriers on both sides must be done for a successful relationship to take place.

Conclusion

Section 503 is a legal way of bringing the employable skills of disabled persons to the attention of employers. Federal contractors have guidelines for creating a nondiscriminatory personnel policy. Through contractor compliance reviews and investigative action on individual complaints, the Office of Federal Contract Compliance Programs will ensure that these affirmative action considerations become operating policy. Section 503 is requiring employers to take steps to open job opportunities to handicapped persons. The law will only succeed if there are qualified handicapped persons to apply for these jobs. Counselors are a vital link that can bring the two factors together.

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THE CREATION OF THE PROFESSIONAL WOMAN

Brenda H. Cooper, University of South Carolina

ABSTRACT

Women are now not only important in the home, but they are considered a valuable member of the economy. Females are now in pursuit of virtually every field imaginable. Therefore, it is now critical for her success that she consciously develop not only an area of expertise, but also the skills with which to present her achievements to prospective employers, as well as to her fellow professionals. The goal of this paper is to discuss certain aspects of this process for the purpose of first, increasing awareness of issues; second, discussing passivity and its purpose; third, presenting methods of positive self-presentation; fourth, informing the reader of four avenues to personal power; and last, the use of networking.

DEFINING YOUR PROFESSIONAL FAMILY

It is important to heighten one's awareness of the work unit and the dynamics which govern and maintain its balance. The persons in that unit are each participating members of the "professional family." At this time it is necessary to broadly define the "family," not only to include the man, woman and child who epitomize the traditional meaning of the word family. In the contemporary sense, family is the single person, two persons of the same sex, a single parent structure, the extended family unit or the "chosen" family. The "chosen" family unit does not necessarily reside in the same location; it is the interpersonal relationship which are primary factors in defining "chosen" family. Webster's Dictionary defines "family" as 1 : a group of persons of common ancestry: CLAN 2 : a group of individuals living under one roof and under one head: HOUSEHOLD 3 : a social group composed of parents and their children 4 : a group of related persons, lower animals, or plants; also : a group of things having common characteristics.

In an attempt to become aware of the dynamics within the professional space, one must evaluate various roles within the family. Some of the more common ones are noted here: The spokesperson, the leader, the follower, the martyr, the supporter, the pacifist (the person who keeps peace at all costs), the distancer, the energizer, the scape-goat, and the achiever. The system may lend itself best to an autocratic style, an apposing approach to participatory management in which all members have input into the decision-making process. The role within this family structure is a significant contributing factor to the development of the professional idenity.

As the role of women is "process" at this time in history, keen sensitivity to one's present role and one's desired role will be most facilitative in both personal and career development. Whether the role be that of the fair-haired stepchild or that of the family rebel, the structure is maintained contingent upon the "living out" of the members described. This maintains a homeostasis.

PASSIVITY AND ITS PURPOSE

Many of the more traditional womens' roles have necessitated the female employing a passive stance. It is most interesting to consider the actual purpose of passivity, which is to maintain a symbiotic dependency. What does this actually mean? Masterfully discussed in the "Transactional Analysis Journal" (Schiff, A.W. and Schiff, J.L. Jan. 1971), passivity utilizes "discounting" as the primary mechanism of expression. The person who discounts believes, or acts as though, his/her feelings are more significant that what a person actually said, did or felt. In discounting, a person does not take into consideration any information relevant to the situation.

(Schiff, A.W. and Schiff, J.L. "Transactional Analysis Journal" Vol. 1 No. 1 Jan. 1971)

There are four types of discounting: Discount problem; discount significance of the problem; discount the solvability of the problem; and last, discount the person. Examples may further clarify and demonstrate the use of this non-productive mechanism.

The problem is discounted:

The dog is crying at the door, so the person increases the volume of the radio, or goes back to sleep.

The significance of the problem is discounted:

As the dog is crying, the person says he always cries at this time of the day.

The solvability of the problem is discounted:

The dog cries and the person states that there is nothing that satisfies the pet.

The person is discounted:

The dog is crying and the person says "there is nothing I can do."

The purpose of the passive position is to allow and perpetuate symbiotic dependency.

According to Schiff and Schiff (Schiff, A.W. and Schiff, J.L. Jan., 1971), there are four passive behaviors: No response, agitation, overadaptation, and incapacitation or violence.

No response:

All of the person's available energy goes into inhibiting response.

Agitation:

This is any activity that is repetitive that is also non-goal directed.

Overadaptation:

A person attempts to achieve the goals of another, rather that those he/she has set.

Incapacitation or violence:

This behavior is a discharge of built-up energy.

All of these behaviors are obviously counter-productive. Passive behaviors then subtly or overtly communicate a powerlessness of the self. A person who takes this position places himself/herself in the role of being taken care of by those about him/her. To be taken care of, the individual must be in the role of a child. The caretaker is then the parent. Historically speaking, this parent-child relationship is similar to that of the world and the woman. The woman is defined by and cared for by the world, rather that the adult approach of deciding on and defining her relationship to the enviroment. The manner by which one approaches the world reflects the feelings one has for himself/herself. So the passive behaviors do not facilitate the creation of a positive self-image, nor a role of strength within the work unit.

A POSITIVE SELF-PRESENTATION

The presentation of self involves manner of dress, manner of speech, tone of voice, eye movement, a postural stance, poise, etc. All of these contributing factors are vehicles of self-communication. All of these above named factors are directly affected by the person's feelings of intrinsic self-worth. When there is the presence of a physical limitation, the possibility exists that this limitation may, in a very positive way, enhance the uniqueness of one's idenity.

(Schiff, A.W. and Schiff, J.L. "Transactional Analysis Journal" Vol. 1 No. 1, Jan. 1971)

First, the discussion of a negative self-image is a good base for introduction. This negative image is dominated by feelings of inadequacy and insecurity. These feelings create a defensive stance. A defensive position leads to either a flight (passive behaviors) or a flight (agressive behaviors) response. The negative self-image then projects a message of "take advantage of me" or the other extreme of a determination to take advantage of others. It is clear that such approaches will limit one's personal and professional development. So the thrust of one's personal presentation needs to access one's strengths.

It seems that female conditioning tends to produce and perpetuate negative feelings that confine women to an idenity as secondary "support" persons rather than primary "in charge" persons. This is most often manifested in the approaches named below:

Absorbing blame and assigning away success:

This is one often used approach in which women take full responsibility when anything goes wrong, readily accepting feelings of incompetence and failure, with an often exaggerated apology. When success is at hand, it is quickly attributed to luck, with the help of others, or something other than the expertise of the woman herself. This dynamic prevents one from ever experiencing good feelings about the accomplishment, and in turn, the self.

The passive stance vs that of an action position:

This is one in which a person allows life to happen, as mere recipients/victims, being shaped and defined by the persons and happenings around him/her. The action position is one in which the individual molds and determines his/her life space, making choices and taking responsibility for such decisions.

React vs proact:

This is an approach in which one needs to please others rather than taking initiative, making decisions independent of those about him/her.

All three of these dynamics tend to create feelings of failure, both personally and professionally. So in the work place, women may let others define their professional contributions, rather than doing so themselves, and waiting for direction rather than giving it. This becomes following rather than leading.

The process of human conditioning is one that is taught at a very early age, first by parents and then by teachers. The negative is emphasized with much of the positive being ignored, almost taken for granted. This leaves little opportunity for good feelings about oneself. When there are too few positive feelings, the negative self-image comes into focus. It is likely that one may also be critical of others in order to feel better about himself/herself. (This is the aggressive position.)

Be ever mindful of the fact that anything that is learned can be unlearned. Therefore, the message beautifully emmeshed in the female conditioning can be altered, and women can consciously choose not to be directed by them. Women do not need to be only supporters. Women can claim their worth as persons, partners, parents, and/or professionals. Some suggested reading to facilitate growth are noted here: On Personal Power, by Carl Rogers and Women as Winners, by Jongeward and Scott.

AVENUES TO POWER

According to Dr. Ruthann Fox-Hines, there are four sources of power: Status, sanctions, know-how, and friendships. Examples of avenues within each source include:

Status:

Titles, degrees, other credentials

Sanctions:

Reward and punishment, hire and fire

Know-how:

Expertise, ability to get the job done

Friendships (informal):

Organizations, "good old boys" network

Men have been quite succuessful at using all four of them. Males seem to overuse status and sanctions, while women appear to overuse know-how and possibly some of the informal friendships. It is advisable for women to begin using a combination of these, to expand her tools of negotiation.

What about the woman who is disabled, who may feel that her self-presentation is dilluted by a crutch, a brace, a cane or a chair? Remember that the issue is the ability to feel good about herself, and secondly, the manner in which she can reflect these feelings. The physical being cannot reduce one's personal power and charisma. It is imperative that the body does not represent the person in an apologetic way.

For the woman who is hearing or speech-impaired, she may want to consider a variety of ways to communicate her professionalism. For an interview process, it would be helpful to include the communication aids that she owns and uses as an addition to the resume. She may want to consider the use of a typewriter, with a primary element to assist when addressing groups. Also, a portfolio of accomplishments, awards, publications, or projects is a unique way to share strengths non-verbally.

The woman who is visually-impaired can also present herself by using some of the above-mentioned techniques. The fact that she will not have a visual perception of the person with whom she is negotiating suggests that the development of good listening skills will be imperative. This includes a sensitivity to the feelings implied in the tone and intensity of the voice. A thorough researching of the person, group, or organization prior to the meeting, will give her a better understanding of the individuals. Learning as much as possible about the likes and dislikes of the person, the family background, the work history, the career goals, and the philosophy of the organization being represented will enhance communication. A copy of the organization/company annual report my also be a source of significant information.

No matter what kind of physical limitation may exist, remember that it can be used as a strength, to further create one's image as a truly unique person and professional. The foundation of professional idenity is centered in positive feelings for the self. The means by which the person is introduced to the highly competative world of work is of utmost importance.

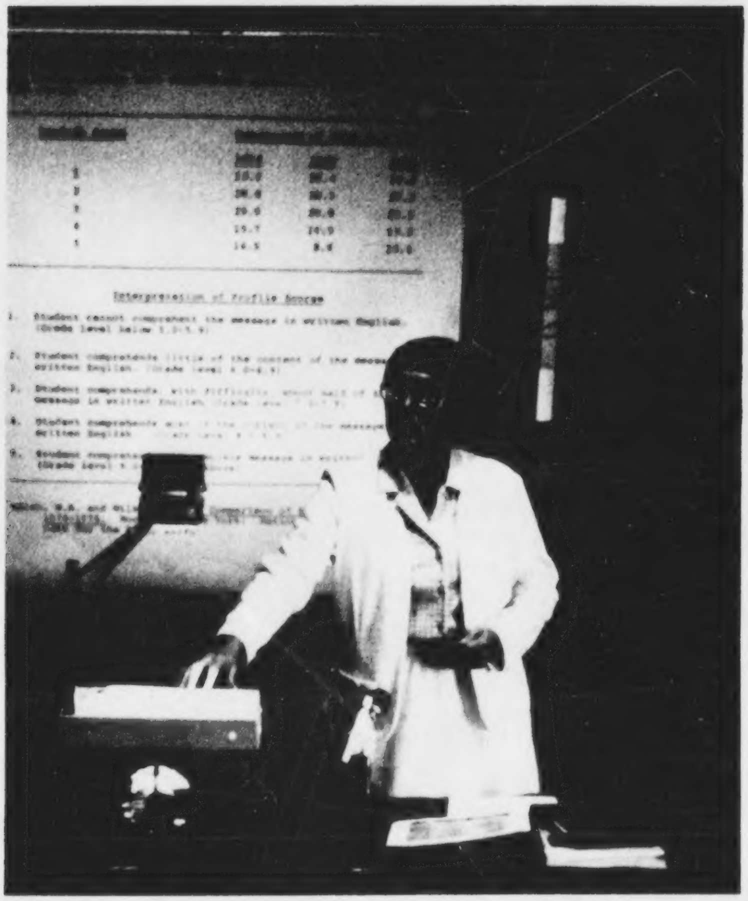
NETWORKING

Networking can be very helpful in maintaining a flow of information and the sharing of strengths among women professionals. There are two kinds of networks: Horizontal and vertical. A good example of a horizontal network is NAFE, The National Organization of Female Executives. The vertical networking in inclusive of women in various levels of employment. Both of these offer an opportunity for sharing and supporting one another on a regularly scheduled basis.

SUMMARY

In closing, learn as much as possible about the positives and negatives in the work space, and then decide to learn new ways to change the negative forces into strengths. The suggested readings will be very helpful in unlearning old messages and replacing them with positives. Take advantage of opportunities to network with other women so that strengths can be shared. Decide which avenues of power can be used well and begin experimenting with others. Be aware that the "person" is the most valuable asset, and the body in which it is housed need only clarify the uniqueness of the individual. Get in the habit of emphasizing what can be done, and give up the score card of error. After all, women are living in a most exciting day and age, with great opportunity. Join me in the celebration of self.

Support Services for Students with Hearing Impairments



THE DEAF STUDENT IN POST SECONDARY EDUCATION: PROGRAMMING, REMEDIAL LANGUAGE NEEDS, INTERPRETING NEEDS AND THE ASL/ENGLISH GAP

Judy Davidson, Community College of Philadelphia
Dianne Falvo, Community College of Philadelphia
Sharon Woltz, Community College of Philadelphia

ABSTRACT

Deaf students present unique needs for accessibility in post secondary education. Community College of Philadelphia has had an extensive program of services including counseling, notetakers, interpreters, tutors and special English language programs which will be described. We will also address the question of why deaf adults have specific language learning needs, why English as a Second Language methodology is a promising approach to pre-college preparation and how that has been implemented at Community College of Philadelphia.

Community College of Philadelphia is a two-year, urban institution with a population of over 9,000 students. The College has an open admissions policy for all adults with a high school diploma or equivalent. Since the skill levels of entering students vary widely, the College has greatly expanded its educational programs for adults with remedial needs, to include an extensive program for people whose first language is not English (ESL). The College also has a long history of providing services to deaf adults. Recently, we have experimented with the ESL approach to teaching English to deaf people.

Counseling is a vital part of our program of services to deaf students. We will discuss the counselor's role in the admissions process, special testing and registration, setting up notetakers, and scheduling interpreters. An equally important part of the counselor's role is liaison with faculty for orientation and discussing classroom management issues. All deaf students are "mainstreamed" into content courses. However, it became apparent as our program grew that we needed to address the language problems of the deaf students. Their problems with English were not the same as those of hearing students assigned to remedial classes.

Our previous approach was to establish a section of remedial English for deaf students only. This enabled the instructor to work with a small group using total communication skills. However, it was difficult to find appropriate instructional materials for this group.

Research, particularly by Dr. J. Philip Goldberg of Gallaudet College, indicates that the English language problems of deaf adults are very similar to those of other non-native speakers of English. In fact, the first language of the majority of deaf adults is not English but American Sign Language. Ninety percent of children who are born deaf are born to hearing parents. The deaf child is therefore born into a foreign language environment. Hearing loss may not be recognized and the deaf child loses more opportunity for early language acquisition. Young deaf children may not receive the normal inputs of language labelling, categorization and expansion that parents of hearing children routinely provide. As a matter of fact, deaf children born to deaf parents have a better base for learning language -- American Sign Language.

Deaf adults therefore have a variety of specific language problems. They may or may not have fluency in ASL to use as a comparative base for learning English. Even if they do, ASL is so dramatically different from English in use of time, space, articles and verbs, etc. that often deaf adults have extensive problems with reading and writing English. Specific examples of several problem areas will be shown.

With this in mind, we approached the English as a Second Language (ESL) program at the College to discuss integrating deaf students into their program. The successes and deficiencies of this strategy will be described in detail, to include the role of the interpreter in the ESL classroom, attitudes of deaf students and ESL instructors, similarity of English problems of deaf students and other non-native speakers of English, and the shortcomings of mainstreaming deaf Americans with foreign students who need to learn cultural concepts.

A model ESL program for deaf students will also be described. This will include a strong in-service program for faculty involved. ESL faculty should have specific exposure to the language learning problems of deaf adults. They should be trained in adapting the ESL approach to teaching deaf adults. The classroom structure would include teaching assistants who provide in-class assistance and out-of-class tutoring. These aides should be familarized with the ESL methodology and should be bilingual (ASL - English). Interpreters should receive orientation on the appropriateness of fingerspelling, interpreting and/or transliterating in the ESL classroom.

The deaf students should receive special orientation as well to reinforce the use of their interpreters in this setting, and to understand how the ESL approach will be used to teach English. A vital component is a series of seminars and language workshops on ASL for deaf students. Seminars should focus on a number of issues: the history of ASL; pride in ASL as a language, not as a form of "bad English"; various language and communication modes; and the dramatic ways ASL differs from English. The deaf student should then become more aware of his/her special language learning problems and move forward to bridge the ASL-English equivalency gap.

USING AN INTERPRETER: HOW DO WE DO IT?

Jo Anne Simon, Gallaudet College

Those of us in the disabled student services field have been coming in contact with the interpreting process more and more frequently over the past few years. For many of us, this is a relatively new area; one which still holds its mysteries. Often there are few, if any, local resources. Just when we think we have it all down pat, some sticky situation arises. This paper will attempt to deal pragmatically with some of the more frequently occurring areas of concern by offering practical suggestions and will focus primarily on the use of interpreters in the educational setting. The interpreting process will be discussed in relation to the consumer, interpreter, speaker (eg: lecturer, teacher, etc.) and hiring agency.

First, it would be helpful to define a few terms. Interpreting refers to the process of interpreting spoken English to American Sign Language and conversely, American Sign Language (ASL) to spoken English. The latter is commonly referred to as reverse interpreting. Transliterating refers to the translation of spoken English to manually encoded English or Pidgin Sign English. The basic difference here is that one interprets from one language to another, while one transliterates from one form of a language to another form of the same language. Manually encoded English is the verbatim, morphemic transmission of English manually as opposed to verbally. Pidgin Sign English (PSE) is that form which follows English word order, but does not include morphemic constructions, such as endings (eg: ed, ing, -s...). Users of Pidgin Sign English will incorporate some ASL structures to enhance the message. PSE therefore, is neither ASL nor English, but something in between; a "pidgin" form, usually closer to English. It is estimated that most interpreting done on the higher educational level is some variation of PSE. What is an interpreter? According to the Registry of Interpreters for the Deaf (RID), an individual is an interpreter when she/he qualifies and obtains one of the RID certifications which include:

1. Expressive Transliterating Certification (ETC)
2. Expressive Interpreting Certification (EIC)
3. Oral Specialist Certification (OSC)
4. Reverse Skills Certification (RSC)
5. Comprehensive Skills Certification (CSC)
6. Legal Specialist Certification (LSC)
7. Master Comprehensive Skills Certification (MCSC)

or: a person who has a professional permit from RID and who adheres to the Code of Ethics established and used by RID (Caccamise, et al 1978). It should be noted however that there are many individuals who adhere to RID ethics but for various political reasons, chose not to be certified by RID. These individuals are often very competent interpreters and my opinion is that one should not feel badly about hiring such an interpreter. However, it is also important to recognize that although someone may have deaf parents or sign well, they may not be effective interpreters. Your best resource for evaluation are deaf consumers in the area.

The following is a listing of the Code of Ethics promulgated by the Registry of Interpreters for the Deaf, Inc.:

1. Interpreter/transliterator shall keep all assignment-related information strictly confidential.

2. Interpreter/transliterators shall render the message faithfully, always conveying the content and spirit of the speaker, using language most readily understood by the persons(s) whom they serve.

3. Interpreter/transliterators shall not counsel, advise, or interject personal opinions.

4. Interpreter/transliterators shall accept assignments using discretion with regard to skill, setting, and the consumers involved.

5. Interpreter/transliterators shall request compensation for services in a professional and judicious manner.

6. Interpreter/transliterators shall function in a manner appropriate to the situation.

7. Interpreter/transliterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues and reading of current literature in the field.

8. Interpreter/transliterators, by virtue of membership in or certification by the RID, Inc. shall strive to maintain high professional standards in compliance with the code of ethics.

A copy of these ethics and corresponding guidelines, as well as further explanation of interpreter certification standards, are available from the Registry of Interpreters for the Deaf, Inc., 814 Thayer Ave., Silver Spring, MD 20910.

At this point, I would like to elaborate on the role, responsibilities and limitation of the interpreter in an educational setting. The interpreter is there to facilitate or clarify the communication process, to interpret everything that is said, etc. The interpreter is not supposed to explain course-related material, editorialize, join the student in criticizing the teacher, etc. Unfortunately, this occasionally happens. The interpreter should keep all client related information confidential. This includes potentially touchy situations, such as the teacher asking the interpreter how the deaf student is doing in class. The interpreter can provide the opportunity for student and teacher to discuss their concerns by offering to stay later to interpret for that purpose. In this way, the interpreter, by modeling appropriate facilitative behavior, helps educate the speaker and/or consumer along these lines. The interpreter should dress appropriately, be aware of possibly iritating lighting levels and positioning. For example, in large group situations it is often necessary for the interpreter to be elevated so that the deaf members of the audience can see clearly. It is a good idea to encourage students and interpreters to meet before the first class to discuss where the student would prefer the interpreter stand/sit, what type of communication method the student prefers, discuss terminology specific to the course and perhaps decide on signs to use for that situation. Interpreters cannot be expected to know all signs for all fields. Some interpreters are more skilled in certain subject areas and in certain situations, eg: small group, platform, etc. Most interpreters do not put themselves in interpreting situations for which they are unskilled, although it can happen. A more frequently committed error, is the tendency for agencies, schools, etc. to insist on hiring only CSC level interpreters, rather than someone with ETC or EIC certification. The idea behind this is that the CSC interpreter is more skilled. A person with ETC/EIC must pass the same minimum standards for expressive interpreting as the CSC interpreter who has, in addition, demonstrated a certain level of reverse interpreting skill. If an interpreter is needed only to sign for a hearing speaker, (eg: the hearing impaired students speaks for him/herself) ETC/EIC may be all that is needed. In fact, many ETC/EIC interpreters have better expressive skills than some CSC interpreters. You may be making your job harder than necessary! The interpreter is also responsible for finding substitutes, should they be unable to complete an assignment. The interpreter should make sure the teacher is aware of the situation and explain briefly what an interpreter does. The hearing impaired student may prefer to handle this. It is a good idea then, for the interpreter and student to discuss this, also, prior to the beginning of the course.

In many areas of the country interpreters require a two-hour minimum and a two week notice before cancellation or they will still charge your office for interpreting services. This is true in most urban areas where the demand for interpreters is great. Interpreters feel they cannot afford not to charge for a cancellation without notice because they could have found another position had they not been previously committed. Most interpreters are not in the habit of doing freebies, either. In the move to elevate interpreters to a more professional status and encourage recognition of the skills needed, the profession has become very firm about this issue. Interpreters can be located through the local RID, the deaf community, local educational programs for hearing impaired children, or through interpreter referral services. Most major cities have some type of referral service in operation. Interpreter salaries vary according to locale. Again, this information is often available from the referral services and is becoming more standardized.

What is the consumer's role in all of this? Most consumers would agree that they have a responsibility to share their communication preferences, specific signs, lighting needs, etc. with the interpreter and with the disabled student services office. This will assist the office in screening interpreters before confirming schedules. Consumers should inform the disabled student services office or interpreter if possible, if they plan to miss class. Some consumers prefer to introduce their interpreter to the professor and often, the rest of the class. This clears up any ambiguity and puts everyone at ease more quickly. Many consumers like the interpreter to stand as close to the speaker as possible or within a direct sight line, so they can glance back and forth from speaker to interpreter. This gives the consumer a better sense of the speaker and also aids in evaluating the effectiveness of the interpreter. Some consumers want an interpreter to interrupt the speaker if they (interpreter) missed something. It can be incredibly frustrating to have the interpreter say, "Sorry, I missed that. But it wasn't important!" Many consumers want an interpreter to interpret significant environmental sounds. It is not uncommon for a deaf person to be surrounded by people laughing at a whispered joke or funny noise and have no idea what is going on. Consumers feel it is within the interpreters role to interject something like "there was a loud clap of thunder, that's why everyone jumped." This is another preference that the consumer should share with the interpreter beforehand. Most consumers agree on appropriate dress for interpreters: solid colors, in sharp contrast with skin tone; and on lighting: well-lit but without glare.

Often, hearing impaired students may be unsophisticated in their use of interpreting services. Areas to stress in training students to use interpreting services appropriately include: confidentiality - don't ask the interpreter for the scoop on other deaf students on campus; limitations of the interpreter - interpreters do not explain course material, (if you have a question, ask the teacher!); the student is responsible to show up and be on time, if he or she is going to be sick or cut class - they need to inform the disabled student services office or the interpreter directly, if possible; encourage students to become aware of their communication preferences etc. and share this with the DSS office; develop assertiveness skills related to the academic setting - self-advocacy, providing constructive feedback regarding interpreting services, etc.

The teacher (poor thing!) has all of this going on around him/her. Many speakers have questions regarding the use of interpreters. What is this person doing? Are they going to follow me around? Can I write on the board? Faculty should be encouraged to ask whatever questions they may have and to share some of their preferences. Many speakers find interpreters distracting especially if they are being followed! It is important that the speaker be informed, by either the interpreter or the student, about what the interpreter will be doing, where they will be located, etc. Speakers should be encouraged to speak at a normal rate. Nerves cause many speakers to speed up and, strange as it may seem, a speaker can speak too slowly! Once used to having an interpreter present, most speakers lapse into a more normal rate. Some speakers, especially in academia, have difficulty sharing the spotlight. While an intepreter may catch the attention of the rest of the class, this usually only lasts a short period of time. Since they are also hearing the lecture, chances are it is sinking in anyway. It is also helpful to encourage the professor to let the deaf student know beforehand he/she plans to show a film or slides. Hopefully, some provision can be made for lighting the interpreter while allowing the student to view the film.

A study by H.J. Murphy of consumers and interpreters in southern California shows that both consumers and interpreters agree that skill in ASL and reverse interpreting are the most valuable traits in an intepreter. Both groups also agree that it is important for an interpreter to have a large sign vocabulary and to use a great deal of facial expression and body language. Some differences noted showed that consumers expect interpreters to show a genuine interest in them while interpreters preferred more distance. Interpreters held confidentiality in higher regard than did the consumers. Neither group felt that interpreters needed a college degree or specific academic training in deafness.

The above discussion of interpreter and consumer roles, responsibilities and clarification strategies has focused on situations where sign language has been the communication mode of the hearing impaired student. This was not done to exclude those students who choose to use oral interpreters and communicate through speech-reading, but rather because the greater percentage of deaf students in higher education communicate through some form of sign language. Needless to say, students using oral interpreters have the same rights and responsibilities as signing students and the oral interpreter adheres to the Code of Ethics and oral certification requirements of the RID.

The academic, and often social, success of hearing impaired students in institutions of higher education can rest heavily with the effective use of interpreter services. For purposes of this paper I have focused on classroom situations. Naturally, interpreter services are of equal importance in non-academic situations such as student activities, career development and counseling services, library usage, etc. All of us involved in the interpreting process - interpreter, consumer, disabled students services coordinator, faculty - have to heighten our sensitivity to the dynamics of this communication process and work together to develop practical, humane strategies to enhance our communications.

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TUTORING/NOTETAKING AS A SUPPORT SERVICE FOR DEAF STUDENTS

Jimmie Joan Wilson, National Technical Institute for the Deaf

ABSTRACT

The provision of tutoring/notetaking support services for deaf students in the academic mainstream has been shown to be crucial. The National Technical Institute for the Deaf (NTID) at the Rochester Institute of Technology (RIT), Rochester, New York pioneered in research and development of tutoring/notetaking methods and training, and has been involved in the dissemination of this program to other schools and colleges providing support services to deaf students. A history of the program's development is delineated, and an overview of the training program is implemented at NTID with hearing students employed as tutor/notetakers in classrooms where deaf students are mainstreamed.

INTRODUCTION

The Tutor/Notetaker Training Program at the National Technical Institute for the Deaf (NTID), one of ten colleges of the 150-year old Rochester Institute of Technology (RIT), in Rochester, New York, is the result of research and development begun in 1975. Dr. Russell Osguthorpe, the primary researcher in the project, had three principles as guidelines:

TABLE I

1. The program must provide services that will allow deaf students to succeed in the regular classroom.
2. The cost of the program must be low enough that most schools could afford to implement it.
3. Training components must be structured and exportable in order that school systems could implement the program with existing personnel.

With these principles in mind, the project was begun. Today it is in full implementation with more than 150 hearing students working as T/N's for their deaf peers. Dr. Osguthorpe worked with the late Ms. Beth Duffin, the first coordinator of the Tutor/Notetaker Training Program (T/NTP), and with NTID professionals in support service provision. They laid a solid foundation on which the program now functions.

This paper will give the history of NTID's early efforts at providing adequate academic support services and the events that led to the research and eventual implementation of the methods and materials, at NTID and elsewhere. A general overview of the training components will show the who, what, and how along with the why of tutoring/notetaking as a support service for hearing-impaired students in the academic mainstream.

BACKGROUND OF NTID AND SUPPORT SERVICES

NTID was established in 1965 by Public Law 89-36, and the first 71 students enrolled at RIT in the fall of 1968. None of the specialized vocational-technical programs now offered by NTID had been started, so all these students went directly into baccalaurate programs in RIT. The programs, all technical in nature, afforded deaf students the first opportunity for extensive support services in such programs. Gallaudet college, in Washington, D.C., is a liberal-arts counterpart to NTID. Both are federally funded.

For the NTID personnel working with the students, the challenge was to devise support services to ensure true quality of access to the classroom and materials. Deaf students face communicative barriers, rather than architechtural ones, in their search for equal educational opportunities. NTID continues to be the only federally-funded four year technical program for the deaf on a "hearing" college campus, though more than 100 other colleges now provide extensive services to hearing-impaired students. Many of these programs took advantage of the pioneering work of NTID.

In the early years, support personnel assumed that sign language interpreting would be necessary, and it was provided. However, it soon became obvious that students who had been stars in elementary and secondary schools were experiencing great difficulty in more rigorous college courses. Also, then, as now, only about 50% of the students coming to NTID know manual communication well enough to fully comprehend a lecture, so other types of classroom support are necessary. These students prefer to use speech-reading or residual hearing, so that an interpreter who is necessarily a little behind what is being said can be confusing.

Deafness and language deficits.

As Table II shows, student with hearing loss are historically behind their hearing peers in language development, particularly in reading ability. Even with an interpreter, if the teacher used language that is beyond the ability of the students, their understanding manual communication will not ensure their understanding of the material.

Table II

Reading comprehension profile scores for entering NTID students 1974-1976, based on the reading comprehension section of the California Reading Test (California Achievement Test), Junior High Level.

Profile Score	Percentage of NTID Students		
	1974	1975	1976
1	12.2	21.4	19.2
2	28.6	38.3	27.2
3	29.0	20.9	25.1
4	15.7	10.5	13.3
5	14.5	8.9	15.2

Interpretation of Profile Scores

1. Student cannot comprehend the message in written English. (Grade level below 5.0 - 5.9)
2. Student comprehends little of the content of the message in written English. (Grade level 6.0 - 6.9)
3. Student comprehends, with difficulty, about half of the message in written English. (Grade level 7.0 - 7.9)
4. Student comprehends most of the content of the message in written English. (Grade level 8.0 - 8.9)
5. Student comprehends the complete message in written English. (Grade level 9.0 - 12.0 and above)

Welch, W. A., and Wilson, F. L., 1977.

NTID support professionals began looking for ways to overcome the students' language deficits and communication needs. Dr. Ross Stuckless worked on a notetaking system that is now used across the country and in Canada. The notebook and non-carbon paper system enable a notetaker to write from four to six readable copies of notes at the same time. More than 50,000 sets of notebook and paper have been distributed by the RIT bookstore.

This answered the question of how to take notes. Who should do the notetaking was a harder question. When NTID was new, many normally hearing students volunteered to take notes. Even today, some still do. But when the novelty wore off, the supply of volunteers dwindled. At the same time, NTID enrollment increased yearly to today's 1,000. It also became obvious that the quality of notes taken by volunteers varied widely due to students' abilities. It is very difficult to take good notes on new or complicated material and to participate in the class at the same time.

Notetakers are necessary.

NTID students told educational specialists that good, dependable notes were vital. In some cases, students said the notes were their primary source of study material after the textbook. Based on this feedback, some educational specialists went to classes as notetakers. Some still do in special instances. At the same time, researchers such as Dr. Osguthorpe began looking for alternatives, and one which looked good was to pay the hearing students to do the notetaking.

First, the components of good notetaking, training and evaluation had to be identified, so the research and development was begun. A study (Osguthorpe, 1979) determined that deaf students preferred notes taken by trained notetakers over the notes taken by volunteer, peer notetakers who weren't trained. Osguthorpe also found that the quality of notes taken by volunteers was not good, with some containing errors which were actually detrimental to the deaf students.

Publications

Basing his work on the experiences of professionals who were working as notetakers, and I was one such person, on questionaires and interviews with deaf students and teachers, and his own work in peer tutoring, Osguthorpe wrote THE TUTOR/NOTETAKER: A GUIDE TO PROVIDING ACADEMIC SUPPORT TO THE MAINSTREAMED DEAF STUDENT. This manual was written for providers of tutoring/notetaking services, and is the textbook for the NTID training program.

A second manual, THE MANAGER'S GUIDE, was written in the fall of 1978 by Osguthorpe, Warren Goldmann, John Panara, and I. Goldmann and I were among the first NTID professionals to function as tutor/notetaker managers, and our experiences are reflected in the manual. It gives basic information on planning a tutor/notetaker program, recruiting personnel, training them, and implementing the system. Both these manuals were published by the Alexander Graham Bell Association for the Deaf in 1980.

THE TUTOR/NOTETAKER AT NTID

NTID's model for a trained, normally-hearing student to take notes in class, and then act as the tutor for the class as required and requested by the deaf students. This is the model, I repeat, and each of the NTID support teams adapts the model to fit their unique needs. Table III shows some of these adaptions. In some cases, both notetaking and tutoring are done by normally learning RIT students. In other cases, the hearing students do only notetaking, with professional tutors. In still other cases, the professionals provide both services if the situation demands such on arrangement.

Because of the large numbers of deaf students in RIT programs, around 250 at present, support services -- interpreting, tutoring, notetaking, and advising -- are managed by support teams attached to seven of the ten RIT colleges. For example, a deaf student in classes taught by the College of Engineering receives support services from the Science/Engineering Support Team; art students are supported by the Fine and Applied Arts Support Team, and so on.

TABLE III

In a program with fewer deaf students, support services could be handled by one office. Nevertheless, it helps to have a tutor/notetaker manager with subject matter credentials who can establish peer relationships with faculty members who have deaf students in their classes. The student tutor/notetakers' work can be evaluated better by a manager who is credentialed in the subject matter and experienced in providing support services, and such a professional can be a resource to student tutors.

Table III

EDUCATIONAL ALTERNATIVES
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF
ROCHESTER INSTITUTE OF TECHNOLOGY

INSTRUCTION	COMMUNICATION		SUPPORT SERVICES		STUDENT POPULATION	COURSE DESIGN
	SIGNS	INTERPRETER	NOTETAKING	TUTORING		
RIT Professor (hearing)		X	X[1]	X[1]	Hearing/Deaf	Self
RIT Professor (hearing)		X	X	X	All deaf	Self
RIT Professor (hearing)		(2)	X	X	Hearing/Deaf	Self
RIT/NTID Professor (hearing)	X	X	X	X	Hearing/Deaf	Self
RIT/NTID Professor (hearing)	X	X	X	X	All Deaf	Self
RIT/NTID Professor (hearing)	X		X	X	All Deaf	Self
RIT NTID Professor (hearing)	X				All Deaf	Set
RIT/NTID Professor (hearing)	X				All Deaf	Self
RIT/NTID Professor (deaf)	X	X	X	X	Hearing/Deaf	Self
RIT/NTID Professor (deaf)	X				All Deaf	Self
RIT Professor (hearing) and NTID Educ. Specialist (hearing)		X[3]	X[3]	X[3]	Hearing/Deaf	Team

[1] Tutoring/notetaking are provided both by NTID Educational Specialists and/or RIT hearing student T/Ns. Both receive the same basic training. Educational Specialists are also content area specialists, most have faculty rank. Decision for level of service (professional or student T/N) is based on judgement of Support Team.

[2] Some deaf students do not sign, and do not request an interpreter. For such students, notes are their primary support service.

[3] This is called "shadow teaching" at NTID. Both professor and Educational Specialist work together as a team in planning and conducting the course. Ed. Spec. interprets and works with RIT student T/N in providing notes and tutoring. This is done with exceptionally difficult courses, and/or large numbers of deaf students in classes.

THE TRAINING PROGRAM

Our training program, pages 32 through 72 of THE MANAGER'S GUIDE (Osguthorpe, et al, 1980), is divided into three distinct sections: training in the problems related to hearing loss; training in the techniques and functions of notetaking; and training in tutoring. In my opinion, the first section is the most crucial: information about hearing loss or deafness, the invisible handicap.

Consider that the students who come to NTID represent the cream of the crop from highly acclaimed special programs from all over the United States, yet their average reading level is seventh grade and less than half of them comprehend more than fifty percent, with difficulty, of what they read. Then the magnitude of the problem begins to emerge. Writing skills are usually a grade level or more lower.

Hearing loss is a handicap of communication. Learning to speak, read, or write a language you cannot completely hear can be an almost unsurmountable barrier for some students. Others, more motivated or given better educations, succeed in spite of their handicap.

Awareness of problems of hearing loss.

We also give particular attention to sensitizing our tutor/notetakers to the fact that our culture does not deal well with anyone who is different. Nix (1976) and others have compared the problems of deafness with those of racial minorities, and the legislation on the rights of the handicapped with civil rights laws. We help the tutor/notetakers deal with their own attitudes about the handicapped, and then with the attitudes of others with whom they must work. Because of their communication difficulties, hearing-impaired persons are often ostracized and ridiculed, and classroom teachers are hostile because of fear.

College students, in fact anyone, can have difficulties dealing with the hostilities shown by teachers who are struggling with their own cultural biases toward the handicapped, or by the handicapped person themselves toward anyone upon whom they have to depend for support. The tutor/notetakers are helped to recognize these hostilities, to understand where they come from, and to deal with them appropriately.

It has been a real pleasure to see the seriousness of the hearing students, and to watch them beocme a part of the solution to problems of mainstreaming. Another pleasure has been knowing that every year a few of our student tutor/notetakers go into some area of special education on the graduate level or are able to use their experiences at RIT as a stepping stone to a career in other helping professions.

Tutor training

A tutor/notetaker must be prepared to deal with a variety of tutoring requests:

1. Procedures clarification. This type of tutoring can be a quick review of notes to help the student make sure of an assignment or responsibility.
2. Test preparation. This would involve studying, and perhaps the tutor prepares a practice test with the student.
3. Course content study. This is a more in-depth, remedial type of tutoring. For example, a student might be having problems understanding a concept or a chapter in the textbook. The tutor could discuss the concepts, bring in background information, then ask questions to make certain the student understands. This requires real teaching and diagnostic skills.
4. Completing a project. Many times students are unclear about how to go about finding a topic for a paper or project, or need help in choosing an appropriate one. The tutor could lead the student through a decision process by suggesting alternatives and helping the student come to a decision. The tutor would then be sure to ask the student to verify the choice with the teacher.

Training for tutoring focuses on helping the tutor become more empathetic, supportive, non-punitive, and encouraging. Attention is given to communication needs of students and building rapport and trust with students. The following is an excerpt from the "Tutoring Techniques Skills Checklist" (Osguthorpe, 1980, page 36) and will give an idea of some of the topics covered in tutor training:

TABLE IV

TUTORING TECHNIQUES SKILLS CHECKLIST

Tutor ______________________ Student ______________________

Course ______________________ Date ______________________

1.	How effective is the rapport you have developed with your student(s)? If you tutor more than one student, respond separately for each.	negative	1 2 3 4 5	positive
2.	Is the student becoming more independent or less independent of you and your services?	less	1 2 3 4 5	more
3.	How effective are your communication skills?		1 2 3 4 5	
	Expressive	poor		excellent
			1 2 3 4 5	
	Receptive	poor		excellent
4.	How effective are you at using visual aids (books, diagrams, pictures)?	poor	1 2 3 4 5	excellent
5.	How often do you use praise and encouragement when the student performs well?	never	1 2 3 4 5	very often
6.	How often do you punish incorrect answers (verbally or by a disappointed facial (expression)?	very often	1 2 3 4 5	never

Notetaking training

Notetaking, which is very difficult to do well, can be learned quickly. It is almost an "instant support service." The principles are very straightforward, and the basic instruction can be done in a single two or three hour session. The basic instruction should be followed by practice and evaluation sessions, and once notetakers have begun to work, they should be given regular, daily feedback and evaluation for several weeks. This is the responsibility of the manager, and is a crucial element in quality control of the program. At NTID, the T/N managers are regularly involved in the initial training stages as well as on-going management.

Perhaps a look at a sample page of notes will give some indication of the main points of the notetaking training:

SEE TABLE V

We can see that the name of the course, the date, and page number is included, and this would be written on each page of notes taken during the class. Wide margins are used, leaving plenty of "white space" for the students to use in writing in their own comments, questions, or other information later. Homework is clearly marked, so that the student would have no problem in finding the assignment quickly. The notetaker has included simple definitions or synonyms to difficult vocabulary, even though the lecturer did not give that information. The notes are written in complete sentences and organized in easily readable and understandable form. If vocabulary had been used that the notetaker did not understand, this would have been indicated by "ck", as an indication to the notetaker and student that this should be checked later. The word "infidel" was asterisked, and the notetaker added a simple definition later, having left enough space at the bottom of the page to write it in later.

These are just a few of the many points that are explained, amplified and illustrated in THE TUTOR/NOTETAKER. Ample time should be given in the initial training and in later follow-up and management to prevent sloppy habits being developed. Notetakers will feel more secure in the quality of their notes if

TABLE V

Science and Human Values 5/3/81
p. 1

Today's lecture is from Lesson 24:
"MAN – Revolution about Evolution"
(Revolution here means controversy, argument, disagreement, conflict.)
(Evolution here means very, very slow change, millions of years.)

H.W. → for tomorrow, read about Darwin and Congreave (cp).

Lecture After Darwin published his book, the anti-evolutionists were against the biological evidences (fossils) that seem to show man came from apes or monkey-like creatures (animals).
(Anti-evolutionists were people who did not agree with the idea or theory of evolution; anti means against.)

The anti-evols. said scientists were infidels(*) who made a false fossil ape/man skeleton. "It was a trick."

((*) Persons who do not believe in the Christian God.)

they get regular feedback and praise where appropriate. The teacher should also be given a copy of notes, and asked for evaluation, feedback and suggestions for changes or improvements.

LIAISON AND INFORMATION TO CLASSROOM TEACHERS

Experience at NTID has shown that any mainstream situation can have very negative impacts on the classroom teacher if the proper information and liaison are not provided. As has been mentioned, our culture does not deal well with people who are different. Most classroom teachers have had no prior experience with deafness, much less have a deaf student in class. With the stresses of having to deal with deafness, their own natural fears of the unknown, plus the presence of support personnel in the classroom, the situation is ripe for conflicts and confusion. In this situation, no one will benefit.

We have found that teachers need to know as far beforehand as possible about the presence of deaf students and the kinds of support the students will have. Teachers do not welcome surprises on the first day of class! Teachers need to understand the rules and responsibilities of the support personnel, and to know how these supports will benefit teachers as well as students. Everyone in the situation, students, teachers and administrators, needs to have as much information as possible about the total program.

Tutoring and notetaking can be real supports for the classroom teacher, and the teacher should be helped to realize this in order to make best use of the services. Having a daily record of each class can be excellent feedback for the teacher as well as a source for making up exams. And, in case a substitute or replacement is ever necessary, a full record of the class is readily available. The new teacher can continue with the same goals as the previous teacher. This has been experienced by at least one professor at RIT (Wilson, F., 1980).

A "team" feeling is needed.

The teacher needs to have a good working, trusting relationship with the support personnel, so that they will all see each other as a team. Teachers can feel threatened by the presence of non-students in the classroom, and the support personnel need to be aware of this and make sure the threat is minimized. Rapport and communication are essential, of course, in building a team spirit.

The teacher can also reinforce the deaf students' uses of the support services. Suggesting tutoring strategies, discussing the students' progress with the tutor, evaluating notes, providing supplementary materials -- all are ways of taking an active role in the process and will give the teacher a better feeling about the progress and support the deaf students are receiving.

The NTID T/N program and materials have been adopted and adapted in other post-secondary programs serving deaf students, in particular at the Technical Vocational Institute, St. Paul, Minnesota; Seattle Central Community College, Seattle, Washington; and New York University, New York City. The methods and materials also have been seen to be useful to students with other educational problems such as orthopedic handicaps, learning disabilities, and students for whom English is a second language.

A certain special education mystique has grown up in the past, with "regular" teachers feeling a lack of confidence if they do not have special training. We have found that in-depth special training is not as important as a sense of tolerance, openness, and acceptance, and a willingness to work with support personnel. The generalist can quickly become a specialist if he or she will make appropriate use of the support services and to see the support personnel as members of the classroom "team".

CONCLUSION

In summary, at NTID and elsewhere we have found that hearing students can function quite adequately as tutor/notetakers for hearing-impaired peers, if training and management systems are appropriate and consistent. The resulting interaction between the student tutor/notetakers and their clients is very positive and in the future can benefit themselves and society. The hearing students benefit because meaningful experiences are available, and the hearing-impaired students benefit from adequate support services, ensuring equal access to classroom information. The teachers benefit from having a resource person to depend on and by being freed from some of the extra attention some handicapped students may need in a mainstreamed classroom.

In brief, the results are positive and the costs can be relatively low. I recommend the NTID Tutor/Notetaker program to any school or college wishing to provide academic support services to hearing-impaired students.

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STUDENTS' PERCEPTIONS OF THE NTID TUTORING SERVICES

Michael Stinson, National Technical Institute for the Deaf

This paper discusses the process of evaluating one of the support services at NTID - tutoring - and will present findings from an ongoing evaluation. At NTID, a tutor/notetaking program provides support for deaf students who choose to enroll in regular classes at the Rochester Institute of Technology. NTID is itself one of the colleges on the campus of the Rochester Institute of Technology. The basic rationale for this program, and for similar ones at other post-secondary institutions, is that tutor/notetaking services can improve students' attitudes toward courses, understanding of content, and grades (Hurwitz, Hedberg, and Slusher, 1978). This survey focuses on the tutoring half of the program. It has been noted that the support services of interpreting, tutoring, notetaking and professional specialists are provided to NTID students to ensure equal access to the material presented in the classroom (Wilson, 1981).

It is important to periodically evaluate support services for the following reasons: (a) The findings may suggest ways to improve the services. (b) Educators concerned with providing support services such as tutoring have assumed that these services help students. A survey of students' attitudes toward these services provides an empirical check of this assumption. (c) The evaluation may provide information that indicates the extent that students regard the service as essential for obtaining their education. When students agree that the service is critical, this information can serve as justification for institutional support of the service. (c.f. Popham, 1975). (d) Findings may suggest ways of increasing use. One reason it may be desirable to increase use of the services is that students using tutoring services may generally be good or average students, and the students who are having difficulty may not be making use of available services (Hurwitz, et. al., 1978). An additional reason it may be important to increase use is that many deaf students, regardless of academic ability, may use their study time more efficiently if that time includes studying with a tutor.

This survey of students' perceptions addresses four questions pertaining to the evaluation of the tutoring program:

1. Why do students either use or not use tutoring services?
2. What are the specific kinds of tutoring assistance that students view as most useful?
3. How do NTID students tend to perceive tutors with respect to the following characteristics: (a) academic knowledge, (b) communication skills, (c) teaching skills, and (d) availability?
4. How do students view the tutor/notetaking program as a whole with respect to its popularity with students and its benefit to them?

In this presentation I shall focus on the first two questions; i.e. the ones dealing with use of tutoring and the specific kinds of assistance.

In dealing with the first question, the one on use of tutoring, we compared students' perceptions of the value of tutoring for two courses: a course in which the student actually used a tutor and a course in which the student did not use a tutor. We used this approach because results from a pilot study had suggested that many mainstreamed students used tutors for some but not all courses. We were interested in identifying factors that lead a student to use tutoring for certain courses and to not use tutoring for other courses.

We have taken an approach that focuses on specific outcomes that a deaf student might derive from tutoring. For example, one outcome of tutoring might be a better understanding of the lecture notes. The outcomes we asked about in the interview questionnaire were drawn from previous research by Hurwitz et al. (1978) which had asked students open-ended questions concerning the benefits of tutoring.

The information yielded by the questions on specific outcomes in the present study was also expected to provide information pertinent to the question on the kinds of assistance that students view as most useful. By comparing the students' ratings of the value of different types of assistance, information would be obtained that identified the type of assistance students regarded as most important.

Let me make a few summary comments about the methodology.

Method

Fifty-two NTID student volunteers, who had each taken at least five mainstreamed courses responded to a questionnaire dealing with tutoring. Their majors included social work, business, computer science, engineering and art. The questionnaire asked to permit students to compare their thoughts about the tutor in a course in which they had actually received tutoring with their thoughts about the tutor in a course in which they had not received tutoring. In the first part of the questionnaire, students were asked to identify the mainstreamed course in which they had used tutoring the most. They then responded to a variety of questions about the tutoring in that course.

In the second part of the questionnaire students responded to questions about the tutor in a course in which they had not used the tutor. The questions were similar to those in the first part of the questionnaire, except that students were instructed to guess about the amount of help they thought the tutor could have given them. The handout you have contains examples of questions that asked about the course in which students used a tutor. (See below). Support service staff might use questions similar to these in evaluating the tutoring component of their own programs.

FINDINGS AND DISCUSSION

Use of Tutoring Services

First I will discuss findings pertaining to the question, "Why do students either use or not use tutoring services?" One pertinent finding is that students are more likely to use a tutor when they perceive the course as being relatively difficult. This finding is based on responses to questions that asked students to indicate the grade they would be satisfied with for the class in which they used a tutor and the one in which they did not use a tutor. We found that the grades were significantly lower for the class in which they used tutoring. This finding suggests that students perceived the course for which they received tutoring as being more difficult.

A second pertinent finding is that perceived importance of the course is not a determinant of use of tutoring. We asked students to rate the importance of the courses in which they used tutoring and the ones in which they did not use tutoring. There was not a statistically significant difference in rated importance for the two courses.

A third finding pertaining to the question on use/nonuse of tutoring has to do with the perceived capacity of the tutor to provide assistance. We included a set of questions that dealt with the extent students thought they received a particular kind of assistance from the tutor. For the course in which a tutor was used, the questions asked students to indicate how much of a particular kind of help the tutor had provided. For the course in which no tutor was used, the questions asked students to guess how much of each kind of help the tutor could have provided.

TABLE 1

STATEMENTS DESCRIBING DIFFERENT KINDS OF
ASSISTANCE TUTORS CAN PROVIDE

HOW MUCH HELP DID THE TUTOR GIVE YOU? Each question asks about a way that the tutor helped you.

PLEASE CIRCLE THE NUMBER THAT BEST TELLS HOW MUCH HELP THE TUTOR GAVE YOU.

	Tutoring in this course:	VERY HELPFUL		NOT SURE		DID NOT HELP AT ALL
1.	Helped me to do better on tests.	5	4	3	2	1
2.	Helped me to learn more from the course.	5	4	3	2	1
3.	Helped me get to know my tutor better.	5	4	3	2	1
4.	Helped me to study better.	5	4	3	2	1
5.	Helped me to understand the lectures better.	5	4	3	2	1
6.	Explained information about the course.	5	4	3	2	1
7.	Helped me to participate in the course better.	5	4	3	2	1
8.	Helped me pay attention to lectures better.	5	4	3	2	1
9.	Helped me improve my vocabulary.	5	4	3	2	1
10.	Helped improve my study skills.	5	4	3	2	1
11.	Helped me study for tests.	5	4	3	2	1

12.	Helped me to understand the lectures better.	5	4	3	2	1
13.	Helped me to understand the lecture notes better.	5	4	3	2	1

Table 1 shows the statements describing different kinds of assistance the tutor should provide. Students thought that tutors were capable of providing more help in the class in which a tutor was actually used than in the class in which a tutor was not used, and students had this opinion about all kinds of tutoring assistance.

One last finding is that students are more likely to use a tutor when the benefits derived from tutoring are perceived as important for functioning in class. We had included a set of questions dealing with the importance students attached to particular kinds of assistance. Students rated these questions in terms of how important they thought each kind of assistance was, regardless of whether the tutor was actually able to provide it. Students indicated that it was more important to receive all kinds of assistance in the course in which they actually used a tutor than in the one in which they did not use a tutor.

Students' perceptions concerning (a) the likelihood that tutoring will be beneficial and (b) the importance of the benefits can be viewed as motivational factors that can increase or decrease use of tutoring. The approach to measuring perceived benefit of various outcomes employed by this study is similar to methodology used in recent motivational research with normally-hearing students (e.g., Battle, 1966; Uguroglu and Walberg, 1978). The results of the present study are consistent with the proposition that students will be more motivated to use tutoring when the perceived benefits and the likelihood of obtaining the benefits are high. On the basis of this idea, I will make a recommendation for support services staff: In order to encourage greater use of tutoring, instructors and support service staff need to (a) make students more aware of the educational importance of the benefits derived from tutoring and (b) to demonstrate that tutors can effectively deliver these benefits.

With respect to increasing students' awareness, the instructor is obviously a key person. If the instructor demonstrates his or her awareness of the tutoring services and encourages students to use it, the students may use the services more readily. Furthermore, if the instructor and tutor can work together in certain activities, such as in providing additional materials for study, students may perceive the instructor and tutor as a teaching team; in turn, students may more readily seek assistance from the tutor.

Specific Kinds of Assistance Students Perceived as Most Useful

I will now discuss findings pertaining to the second question addressed in this study: What are the specific kinds of tutoring assistance that students view as most useful? Students rated tutors as providing certain kinds of assistance more effectively than other kinds. Table 2 shows the three kinds of assistance that students thought tutors were best able to provide. The mean ratings averaged for the two courses are shown.

TABLE 2

ASSISTANCE THAT STUDENTS THOUGHT TUTORS WERE BEST ABLE TO PROVIDE

	TYPE OF ASSISTANCE	MEAN RATING FROM AMOUNT OF HELP
1.	Helped me understand the lecture notes better.	3.89
2.	Explained information about the course.	3.78
3.	Helped me learn more from the course.	3.77

These items are: (a) help me learn more from the course; (b) explain information about the course; and (c) help me understand the lecture notes better. Please note that these items are concerned primarily with the provision of clarification about information presented during the class. Thus, according to these findings, the students thought that the tutor could effectively provide additional clarification.

I think that a key factor in providing additional clarification may be the tutor's skill in further explaining concepts that the instructor introduced in class. Frequently the instructor provides only brief explanation on a concept. In some cases, further explanation might involve defining new words or familiar words used in a different way. In other cases, further explanation might consist of using different words to explain the concept or providing further examples of the concept. For example, a student may approach a tutor with a set of notes such as the following and ask, "What does this mean?" pointing to a section of the notes.

TABLE 3
SECTION LECTURE NOTES FOR
COURSE "SCIENCE AND HUMAN VALUES"

Lecture After Darwin published his book,
the anti-evolutionists were against the
biological evidence (fossils) that seem
to show man came from apes or
monkey-like creatures (animals).
(Anti-evolutionists were people who
did not agree with the idea or
theory of evolution; anti means against.)

NOTE: From tutoring/notetaking as a support service for deaf students by J. Wilson. Paper presented at the Annual Meeting of the Association on Handicapped Student Services Programs in Post Secondary Education. Boston, Massachusetts. July, 1981.

The tutor needs to be able to explain the concepts in the material. For these notes, the student might ask what is meant by "Being against the biological evidence (fossils)?" The tutor might explain that "evidence" can be defined as facts used to show that a theory or idea is true. "Being against the biological evidence" means that the anti-evolutionists did not think that the fossils show that man came from ape-like or monkey-like creatures. Since it seems critical for the tutor to be skilled in explaining concepts, it is important to identify procedures for training tutors to insure that they are effective in this skill. In addition, discussion between the instructor and tutor may indirectly help students better understand concepts in the lecture material. In such discussions, the tutor can tell the instructor which concepts students are having difficulty understanding, and the instructor can modify the presentation accordingly.

I will now talk about the items dealing with the importance of particular kinds of assistance. Students indicated that certain kinds of assistance were more important than others. Table 4 shows the three kinds of assistance that were most important regardless of how well the tutor could actually provide the assistance. The mean ratings are shown, averaged for the two courses.

TABLE 4

ASSISTANCE THAT STUDENTS THOUGHT
WAS MOST IMPORTANT

	TYPE OF ASSISTANCE	MEAN RATING FOR IMPORTANCE
1.	Help me to learn more from the course.	4.19
2.	Help me to do better on tests.	4.05
3.	Help me to study for tests.	3.88

These items are: (a) help me learn more from the course; (b) help me do better on tests; and (c) help me study for tests. You will note that this set of items suggests that students consider two kinds of tutoring assistance as being important: One of these is concerned with the provision of clarifying information. The other kind of assistance is concerned with studying for a particular course: e.g., help with homework and studying for tests. Note that there is a discrepancy between the responses students give for the helpfulness items discussed previously and the importance items just mentioned. On one hand, students say that assistance in studying is important; on the other hand, they do not see tutors as being highly effective in giving this kind of assistance. I think there is a need to determine why students do not perceive tutors as being as effective in helping with studying as they are in providing clarifying information.

This paper has not included information pertaining to: (a) students' opinions about the academic knowledge, communication skills, teaching skills and availability of tutors; or (b) students' perceptions about the program's popularity and benefits. Data has also been collected on these sets of perceptions and reports on the analyses of these data will soon be written.

Furthermore, this evaluation has not asked two other groups of people for their opinions about the program. These people are the faculty and tutor/notetakers. Input from these groups would allow them to get a feeling that their input into the program is valued and that they have power to effect change in the program. Furthermore, if these people feel that their contributions are important they may be more willing to participate in the program in the future (Osguthorpe, Wilson, Goldman and Panara, 1980).

The present evaulation deals with a large program. In programs with fewer deaf students, large-scale evaluations may not be appropriate. Nonetheless, such programs can benefit from asking students, faculty and/or tutor/notetakers for their opinions and suggestions. The evaluator can use a questionnaire, interviews with open-ended questions or a combination of the two. Once the data is collected the evaluator can conduct formal data analyses, but informal analyses can also be quite useful and are less time-consuming. In the informal analyses the evaluator might simply read the responses to the questionnaires and write a summary of his or her reactions to answers.

I will conclude by returning to the findings of the present study and making two summary observations:

1. It is clear from the findings that the mainstreamed college students perceived tutoring as a vital support service for some courses.
2. Students thought that receiving of clarifying information about what had happened in class was a particularly critical need of theirs; furthermore, students thought that the tutors were able to meet this need effectively.

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ALCOHOLISM TREATMENT FOR THE DEAF: SPECIALIZED SERVICES FOR SPECIAL PEOPLE

Paul Rothfeld, Cape Cod Alcoholism Intervention & Rehabilitation Unit, Inc.

ABSTRACT

The CCAIRU Project for the Deaf is a comprehensive treatment program for deaf alcoholics and their family members. It is specifically designed to provide the specialized services so necessary for effective rehabilitation treatment for the deaf. Treatment components consist of residential, outpatient, outreach and community education. The Project is striving to identify and address the problems and complexities of treating the deaf alcoholic, and is making significant progress in program development.

ALCOHOLISM TREATMENT FOR THE DEAF;
SPECIALIZED SERVICES FOR SPECIAL PEOPLE

An underserved population

During the past decade, alcoholism treatment services in the United States have experienced a period of unprecedented growth. The federal government, local municipalities, and the general population have become increasingly aware of the devastating impact of alcohol abuse and alcoholism upon people's health and welfare, and upon the overall economy. As a result of this growing awareness, diversified alcoholism services are now available in communities throughout the country, providing acute, intermediate, and long term care for alcoholics and their families.

Although it would appear that all segments of the alcoholic population should be reached by this preponderance of treatment programs, there is at least one segment which remains overlooked and virtually unserved. This is the Deaf Alcoholic.

First contact with deafness and alcoholism

My first experience with deafness and alcoholism occurred in the summer of 1975 when a frustrated, distraught mother contacted me for assistance. Her thirty-year-old, pre-lingually deaf son had developed a serious drinking problem accompanied by severe bouts of depression. He had just completed a three-week voluntary commitment at a state mental hospital, and his mother felt that his "treatment" during that time consisted only of heavy sedation and locked wards. Apparently, as is so often the case, the hospital staff had little knowledge or understanding of deafness and no specialized resources for the deaf were utilized.

At the mother's request, I met with the young man to see if I could provide some help. My perceptions of deafness at that time were probably representative of a majority of the hearing population. I did not consider deafness one of the most debilitating handicaps; I felt sure that I could somehow communicate with the client; and as a recovered alcoholic myself, I felt sure there would be an immediate bond between us which would transcend all other barriers and allow meaningful and effective therapeutic process to occur.

Barriers to therapy

To some degree, all of the above conditions were true, and some positive interaction did occur at that first and subsequent meetings between Steve and myself. There definitely was some empathetic understanding on both our parts and to some degree a trust relationship did develop. But always and ever, the barrier of our inability to communicate freely and easily blocked the path to a meaningful therapeutic process. The barrier became even more obvious to me when Steve and I attended an AA discussion meeting. A sign language interpreter was utilized and translated for Steve as each person in the group participated in the discussion. It was impossible for Steve to keep up with the dialogue, let alone to benefit from the often moving and personal testimony presented. I then began to understand and believe that if therapy was to be effective for the deaf, it should occur between peers. Deaf alcoholics should be in group process with other deaf alcoholics, and therapeutic dialogue should be direct from one group participant to another. I began to realize that a specialized program, uniquely designed to meet the needs of deaf alcoholics, was needed if people like Steve were to have a fighting chance to recover.

A tragic ending

During the next two years, I met with Steve on an on-and-off basis, more as a friend than as a therapist. He continually sought help through AA, mental health services and private practitioners, but all to no avail. Sadly and tragically, he ended his life on November 21, 1977. It is ironic that just twenty-one days earlier, I had completed and submitted an application to the National Institute on Alcohol Abuse and Alcoholism to fund a comprehensive program for deaf alcoholics. Although too late to help Steve, perhaps this new program would prevent a reoccurrence of so wasteful a loss of human life.

CCAIRU Project for the Deaf becomes a reality

On November 1, 1979, two years after the initial submission date to the NIAAA, the Cape Cod Alcoholism Intervention & Rehabilitation Unit, Inc. (CCAIRU) Project for the Deaf became a reality, and the task at hand was to implement as quickly as possible the first comprehensive program for deaf alcoholics in the United States.

Project staffing

The initial months of the first year grant period were spent in recruiting staff with special skills in alcoholism and deafness. It became quickly evident that persons with knowledge and expertise in both areas were virtually non-existent. In fact, skilled therapists for non-alcoholic deaf persons exist in limited numbers only and are at a high premium in the job market. Once again, the underserved nature of the "hidden" deaf population is highlighted by the scarcity of skilled therpists available for a project of this type. The complex problems associated with deafness mandate that therapists have special knowledge and sensitivity in areas of deaf development and functioning, communication skills, linguistic retardation, and intellectual, vocational and psychiatric aspects of deafness.

As of early summer, 1980, fourteen staff positions had been filled by persons with diversified backgrounds which support CCAIRU's multi-disciplinary approach to alcoholism treatment. Six of the fourteen persons were deaf themselves, and two were recovering alcoholics. One of the recovering alcoholic counselors is the child of deaf parents, and the other recovering alcoholic is herself deaf.

An additional aspect of staff requirements not experienced in the "hearing" world is the need for interpreters. In the original grant application. only one interpreter was included in the staffing pattern. It was naively believed that with all persons on staff being proficient in sign language, one interpreter would be sufficient. It became glaringly obvious that if a Project for the deaf is to relate to the outside hearing world, that interpreters are needed not only for clients, but also for deaf staff members. This very real problem besets most treatment programs for the deaf, both economically and also in the availability of qualified personnel. By mid-summer of 1980, the CCAIRU Project for the Deaf had three permanent and three temporary interpreters working at its residential facility in West Falmouth, Massachusetts.

When a full complement of qualified staff was on hand, the CCAIRU Project for the Deaf was ready to accept clients to its residential facility on May 1, 1980. The facility has been named the Stephen Miller House in recognition of the young deaf alcoholic whose tragic quest for recovery was so instrumental in the development of the Project.

Widely distributed client population

Recognizing that the incidence of alcoholism among the deaf will be widely distributed, it is essential that an effective outreach and referral network be established both on a statewide and on a national basis, so that accessibility for those in need of treatment is assured.

During the first three months that the residential facility had been operational, approximately fifty percent of admissions have come from out of state, including Ohio, Michigan, Tennessee, and New Hampshire. To insure that an efficient referral network is established on a nationwide basis, a National Advisory Board with broad geographical representation has been developed. This board is instrumental not only in developing working referral affiliations nationwide, but also in documenting new knowledge gained in working with deaf alcoholics, so that it may be shared with others who follow this first venture.

On a statewide basis in Massachusetts, a broad outreach and referral system is being developed with involvement by state agencies and consumer organizations which serve the deaf. Affiliation agreements have been entered into throughout the state with offices of the Department of Mental health, the Massachusetts Rehabilitation Commission and almost every alcoholism program in existence. As clients present themselves throughout Massachusetts, the CCAIRU Project for the Deaf, in close collaboration with affiliated agencies, will provide evaluation and placement in the residential program or in an outpatient service. It is planned that ultimately an outpatient/aftercare system will be operational so that residents leaving the Stephen Miller House may continue in outpatient treatment upon return to their local communities. A comprehensive follow-up and program of continuing support is deemed essential for the deaf alcoholic returning to self-sustaining status as a member of the community at large.

Telephone communications

It appears appropriate at this time to point out the very obvious but often overlooked fact that deaf people cannot communicate by ear or voice via the telephone. Hence a deaf alcoholic has great difficulty in complying with that wonderfull AA suggestion to "call before you pick up the first drink." There is a device which enables deaf people to communicate by telephone. It is known as a TTY (telephone typewriter), or more currently as a TDD (Telecommunications Device for the Deaf). As part of the CCAIRU treatment program, participants are trained in the use of these devices (typing skills) and upon return to their homes will be assisted and encouraged to obtain a device through whatever sources are available. On a local level, the CCAIRU Project for the Deaf has installed a TDD at the county Emergency Medical Center and the number is being publicized so that all deaf people on Cape Cod may benefit from this service. For the first time on Cape Cod, a deaf person in need of police, fire department, or emergency medical assistance can communicate directly with the emergency service center--if the deaf person has a TDD himself.

Treatment program content

The Project treatment program consists of residential and outpatient components. Program content is similar to other traditional alcoholism programs and include group and individual therapy, participation in AA meetings, vocational and educational planning, alcohol information, and general participation in peer milieu. There are, however, significant differences. Staff must be continually aware that the meaning of many, many words may not be evident to deaf people. Also, clients have varying levels of sign language proficiency. In an early group of clients, one individual had no sign language skills whatsoever and could only read lips; his verbal skills were very good. As a consequence, his early participation in group process was minimal. This was further complicated by a resistance on his part to learn sign language, although this appeared to change gradually as he became more comfortable at the Stephen Miller House.

A variety of program and treatment approaches have been and are being explored to determine the most effective methods for providing alcoholism treatment for deaf substance abusers with highly varied communication skills. Involvement in Alcoholics Anonymous is considered by most alcoholism programs to be an essential part of the recovery process. For some deaf clients, this is possible on a limited scale through the use of interpreters. In all cases, however, there is a definite reduction in full comprehension due to the differences in language perception between hearing and deaf people. In an effort to meet this problem directly, clients and staff meet daily and endeavor to re-write some of the AA literature so that it is more meaningful for the deaf. AA Steps one, two and three are shown below with the "translated version for our clients shown along side them. It must be noted that this process is ongoing and is conceivable that the end result will be three or four versions of each AA Step, so that persons with varying communication skills can select the one most appropriate for them.

	Original A.A. Step	Stephen Miller House Translation
Step 1:	We admitted we were powerless over alcohol, that our lives had become unmanageable.	We say that alcohol beat me, and we can't control what happens.
Step 2:	Came to believe that a power greater than ourselves had restored us to sanity.	We begin to have true feeling that not depend me alone to change me to sober life--not crazy, not drunk.
Step 3:	Made a decision to turn our will and our lives over to the care of God as we understand him.	We decided to allow God or others to help how we live.

Additional creative programming is being developed in the area of art and drama therapy. In small groups, clients are asked to draw pictures which reflect their experiences as drinking alcoholics, as sober alcoholics, and as deaf human beings struggling in a hearing world. Each client then explains his or her drawing in mime or sign language. The pictures are then utilized for role play exercises, with participants taking turns acting out their own and other clients' drawings. Response to this visual type of therapy has been most positive, with a high degree of feeling involvement displayed, which was not previously evident in more traditional group process.

The task at hand is a most difficult and challenging one for both staff and clients alike. It demands the highest degree of creativity and flexibility, with a willingness to frequently be wrong and to begin over again. The rewards, however, are equally great, and the Project will persevere in its search for developing the most effective treatment possible for hearing impaired alcoholics and other substance abusers.

The CCAIRU Project for the Deaf accepts clients for its residential program from all over the United States. The Stephen Miller House is a lovely, nineteen-room Victorian manse on four acres of land overlooking the waters surrounding Cape Cod. It provides a place where deaf alcoholics can participate in a program with peers, come to grips with their alcoholism and with the problems associated with deafness.

There is much to be learned about helping deaf alcoholics to recover from alcoholism. I am hopeful that the CCAIRU Project for the Deaf will make a significant contribution in pioneering the accumulation of this needed information while simultaneously providing help for those who enter its treatment program. Let the tragedy of Steve Miller be the catalyst which moves us forward to prevent such an event from happening again.

Support Services for Students with Learning Disabilities

IDENTIFICATION AND ACCOMMODATION OF THE COLLEGE QUALIFIED LEARNING DISABLED STUDENT

Maria Bacigalupo, Curry College

ABSTRACT

The Program of Assistance in Learning, P.A.L., at Curry College is a well known supplementary support network for college qualified, learning disabled students who are enrolled in regular college level courses while receiving tutoring in the areas of their special needs. Those familiar with P.A.L. know that most public and some private institutions of higher learning would find it difficult to duplicate. Financial restrictions and open admissions policies force most colleges to seek a different approach to servicing their learning disabled students.

Recently, however, partly because of open-door admissions policies and partly because of a growing recognition of legal and ethical responsibilities, many colleges and universities feel they need desperately to explore issues of identification and accommodation of their learning disabled population. Those institutions which receive federal funding have a legal responsibility to this group. Section 504 of the Rehabilitation Act of 1973 reads:

> No otherwise qualified handicapped individual in the United States. . . shall, solely by reason of his handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance. . .

Recent test cases, involving college qualified, learning disabled students have shown that courts favor provision of such services as tutoring, oral tests, quiet study rooms, tape recorders allowed in classrooms, paid notetakers, readers, and textbook titles available two months in advance.

While the ethical responsibilities of accommodating intelligent students who have moderate to severe difficulties in expressing their intelligence is to be understood, the advantages of accommodating this student are not well understood. Before we look closely at these advantages, however, we must clearly define the handicap.

DEFINITION

The federal definition of learning disability as established in 1970 reads as follows:

> The term 'children with learning disabilities' means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage.

One of the biggest controversies in the field today centers around the fact that specialists need yet defined learning disabilities (L.D.) in terms of what it is not. This problem exists because L.D. is not detectable in clearly definable terms on such medical instruments as the Electroencepholograph (EEG). Specialists are forced to study neurological soft signs and educational and psychological testing which produce results that are somewhat less reliable than the hard evidence produced by the EEG. Perhaps in the future we will be afforded the use of instruments sophisticated enough to detect L.D. in some clearly measurable manner.

The definition of the L.D. college student differs slightly from the federal definition of L.D. Section 504 states that "no otherwise qualified" handicapped person may be denied his rights "solely by reason of his handicap." Many handicapped student services personnel will be asked to service students whose learning problems vary tremendously. Professionals will be faced with the challenge to discover methods of determining whether their students are indeed "college qualified." They will further be faced with the task of rerouting students who truly would find more success in a different learning environment. Later, a model network for servicing L. D. college students will be offered in which both a special needs Advocate and a Counseling Department are cited as those professionals who would most appropriately deal with this issue. Special attention must be paid to the student's laudable strengths so that (s)he may be redirected to areas in which (s)he may enjoy success. This is a delicate, difficult task when complicated by the academic failures with which these students are faced when inappropriately admitted into colleges through open-door admissions policies. But it is a task with which handicapped student services personnel can effectively deal, given an effective moderate special needs approach.

How, then, do we define the college qualified L.D. student? Not surprisingly, this student's measure of intelligence most often indicates average to above average levels of intelligence. Predictably, they are the most likely to succeed in a college environment. We can discern from testing that this student is capable of abstract thinking either in the Verbal (language expressed area), or in the Non-Verbal (visually, spatially, motorically expressed area of intelligence), or in both. However, poor performance on some or many academic tasks will be observed in spite of this student's good thinking skills.

It is difficult to clearly define this student not only for the lack of sophisticated medical instruments, but also because the college qualified L.D. student, unlike students with most other disabilities, suffers from an invisible handicap. Outside of diagnosis, his/her handicap will be detected only when (s)he allows it to be detected or when (s)he is forced to display it. Further, because of developmental lags in experience, because of compensatory behaviors, because of the complexities of each individual's neurological strengths and weaknesses, each L.D. student is completely unique in both his/her competencies and his/her limitations. Each L.D. student is like an invaluable, yet complicated, network of wires--some of which may need a bit of unraveling to make the processing and output more efficient; like a praiseworthy symphony orchestra that is a bit out of tune in some of its sections.

THEORY

In describing the difficulty in processing information, the L.D. specialist refers to the Information Processing Model: INPUT--INTEGRATION--STORAGE--OUTPUT. While, by definition, competencies most often exist in the INPUT stage, difficulties may arise in some portion or portions of the INTEGRATION and STORAGE stages. For this reason, usually some form of OUTPUT is effected, causing functional limitations in such forms of expression as reading, writing, spelling, and organizing.

Further exploring the theory behind all Moderate Special Needs, the L.D. specialist turns to recent discoveries in hemispheric processes of the brain. Split-brain research has shown that the left hemisphere is the verbal side of the brain in most people. It understands symbols, time, and sequencing. It is linear, logical, and rational. The right hemisphere is the non-verbal side of the brain. It is concrete; it lacks a sense of time. It is holistic, intuitive, and spatial. The corpus callosum, a mass of nerve fibers, is located between the two hemispheres and is the transmitter of information from one hemisphere to the other. Every individual has strengths and weaknesses, but in the L.D. person, it is hypothesized that difficulties arise in either hemisphere or in the transmission of information between the two resulting in the observation of weaknesses that are significantly sometimes drastically different from strengths.

We, as a culture, tend to place a maximum amount of emphasis on left-brain language related competencies. We tend to place considerably less value on right-brain strengths. This is seen in the parent and/or educator who opposes the child's pursuit of courses of study such as photography, art, music, dance. Often the child is told that these studies are to be pursued as hobbies in addition to the more important language related studies such as English, History....Liberal Arts.

It is not surprising that we find that many college qualified learning disabled students are in fact proficient in right-brain skills. (If they are not, we sometimes get the sense that they might have been if they were encouraged to develop these skills early on.) Most often, the reason that a learning disabled young adult needs support in college is due to language related deficiencies. Because many appear to be excellent right-mode processors however, we must ask ourselves if we as a society are not doing our young people a disservice by failing to credit their right-brain strengths, or worse, by failing to encourage development of these skills in the first place.

FUNCTIONAL COMPETENCIES AND LIMITATIONS

Since most schools in this country expect left-hemisphere or language related modes of input and output (lecturing, reading, writing, spelling, logical sequencing, etc.) the right-hemisphere strengths of some L.D. individuals are not tapped. If they were, school teachers would find that a good number of disabled young persons have a special manner of looking at the world around them. They may have an excellent ability to see relationships that others may not notice. For this reason, they may be excellent, creative problem-solvers. They may have excellent visual analysis and synthesis skills, giving them the gift of design. These individuals may not have great oral language, but may express themselves through their music, photography, and art. Or, they may have an excellent use of oral language making them good leaders and good business men and women.

In addition, determination to succeed, drive and motivation, are characteristics that often describe the "learned" competencies of L.D. persons. Often, meticulous attention to developing areas of strength and correcting areas of weakness makes for diligent workers.

We are more likely to be familiar with the functional limitations of this student. It is important to point out, however, that while certain performance limitations are clear and many L.D. individuals exhibit them, there are so very many variables that it is virtually impossible to look at L.D. individuals as a group and assign a particular weakness, such as reading, to the entire group.

Again, each individual has his/her own strengths and weaknesses and each L.D. individual is different from the next, often significantly different. For example, while one L.D. person is functionally illiterate, the next is an excellent reader. There are few stereotypes of the L.D. individual.

Academic limitations exist in reading, writing, and organizing. Special Needs tutoring allows for remediation or teaches compensatory techniques. Social limitations include the possibility of social imperceptions, awkwardness, shyness, or overassertion. Emotional overlays are not uncommon.

ACCOMMODATIONS

Academic accommodations should include supplying students with bibliographical information regarding their textbooks approximately two months prior to the first class. This allows those students who require texts on tape to order them from the Recording for the Blind. The bookstore can assist in supplying this information to L.D. students. Specially trained tutors will be needed to assist students in logically organizing their thoughts in writing and for assistance in spelling, reading, etc. A trained L.D. specialist can train paraprofessionals in tutoring. After specific tutorial assistance, or in addition to it, the campus Essential Skills Center may be utilized in giving course-related tutorials, and in exploring study attitudes and teaching improved study habits.

L.D. students may experience social imperceptions or social awkwardness. They may be meek or overassertive. Some will be leaders; others will find themselves in trouble either as a result of their disability or as a by-product of the emotional overlays accompanying their disability. Because some L.D. students may have these difficulties in social skills, support networks consisting of professionals and paraprofessionals who have an understanding of the handicap, need to be built within the counseling and student life departments.

A MODEL SUPPORT NETWORK

Moderate special needs advocate

Perhaps the most important ingredient in a successful learning disabilities network is the Moderate Special Needs Advocate. Serving somewhat as a generic teacher would in the public school setting, the Advocate can utilize existing services by sensitizing professionals in the Basic Skills Center, the Counseling Center, the Dean of Students Office, and in the Academic Divisions to the needs of and the value of this special college student.

The ultimate goal for the learning disabled college student is to become an independent learner, to discover roads to self-advocacy. The Advocate helps the student attain this goal through interpreting learning disability testing, through interpreting strengths and weaknesses, through teaching self-advocacy skills and through advocating for and with the student, as needed, both in the college classroom and eventually in employment.

Counseling

One of the areas with which the Advocate works closely is counseling. As mentioned before, with an understanding of learning disabilities, this department can play a very important role in the lives of these individuals. Counselors can assist L.D. students in comprehending and coming to terms with their individual learning patterns, in developing social skills, in breaking down employment barriers, in independent living skills.

Dean of students support staff

Professionals and student resident advisors can assist the L.D. student to make appropriate transitions. They can employ or utilize in volunteer positions, those L.D. students whose leadership skills and social awareness are good in spite of poor reading and spelling skills. Arranging appropriate dormitory conditions for L.D. students with various needs will help them to make a better contribution to the college.

Faculty

Faculty can assist L.D. students by setting realistic goals for achievement by grading partially on growth, and by rewarding good thinking skills. Allowing extra time on tests and test-taking in a relaxed, safe atmosphere will be very helpful. Alternatives for evaluation will allow for the right-brain processors to express their knowledge in "their" way.

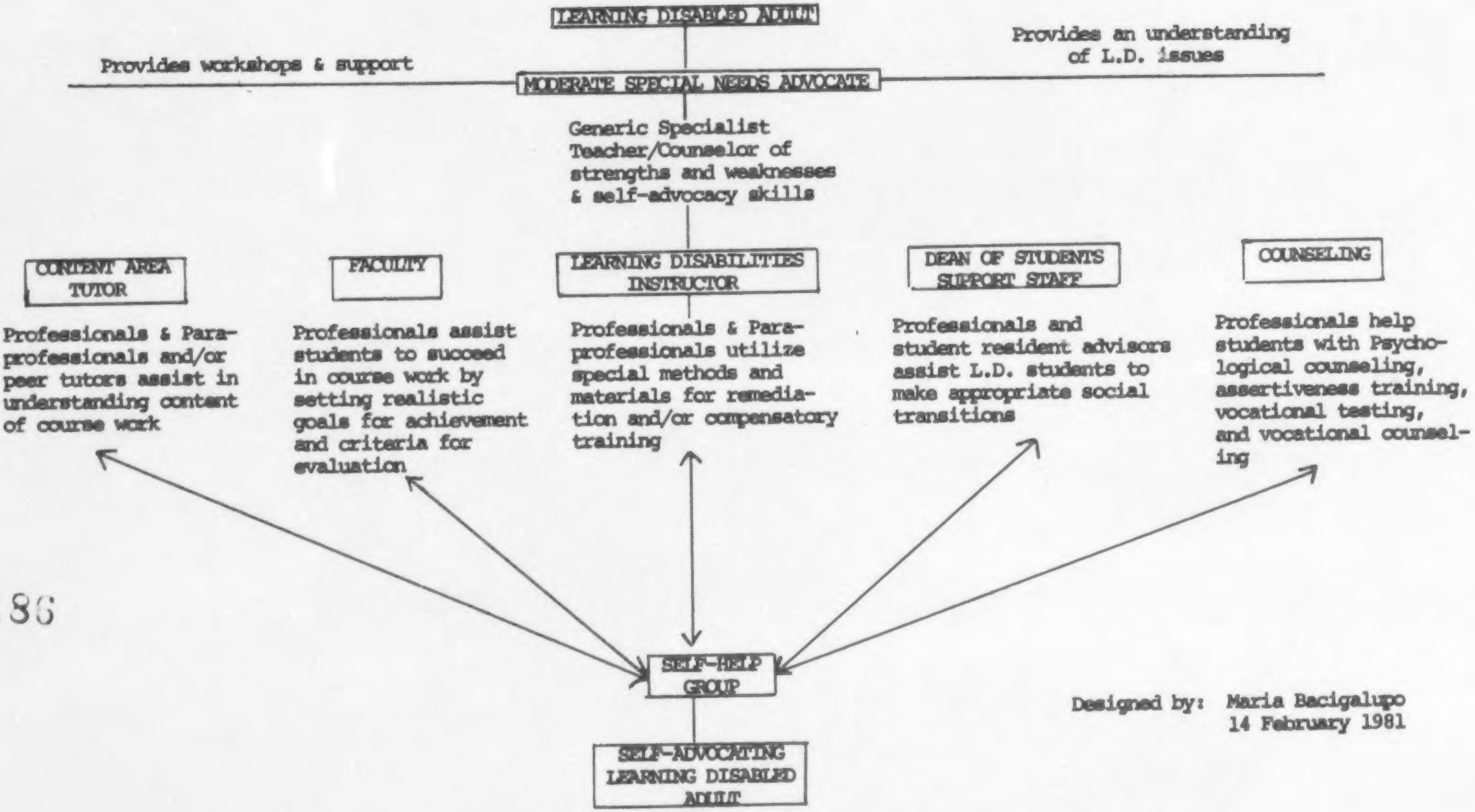
Content-area tutor

Content-area tutors can help by getting a thorough understanding of the disability from the L.D. Advocate. Breaking down each study task into its smallest task, and offering sufficient practice in each small task will assist the student in mastering study tasks such as note taking, time management, and reading textbooks.

Self-help group

The Self-Help Group will allow the student to discuss mutual problems, to give peer support and to advocate for and with one another. It will serve as a system by which students can inform the other members of the college community about their disorder. The Self-Help Group feeds into all of the student services in that an organized group of individuals can communicate their needs directly and appropriately to student service professionals.

A
MODEL
SUPPORT NETWORK FOR
LEARNING DISABLED COLLEGE
STUDENTS


LEARNING DISABLED ADULT
Provides workshops & support
Provides an understanding of L.D. issues
MODERATE SPECIAL NEEDS ADVOCATE
CONTENT AREA TUTOR
FACULTY
LEARNING DISABILITIES INSTRUCTOR
DEAN OF STUDENTS SUPPORT STAFF
COUNSELING
SELF-HELP GROUP
SELF-ADVOCATING LEARNING DISABLED ADULT

Generic Specialist Teacher/Counselor of strengths and weaknesses & self-advocacy skills

Professionals & Paraprofessionals and/or peer tutors assist in understanding content of course work

Professionals assist students to succeed in course work by setting realistic goals for achievement and criteria for evaluation

Professionals & Paraprofessionals utilize special methods and materials for remediation and/or compensatory training

Professionals and student resident advisors assist L.D. students to make appropriate social transitions

Professionals help students with Psychological counseling, assertiveness training, vocational testing, and vocational counseling

Designed by: Maria Bacigalupo
14 February 1981

SUPPORT SERVICES FOR THE LEARNING DISABLED ON A LIMITED BUDGET

Marilyn M. Leach, Southwest State University, Marshall, Minnesota

ABSTRACT

Services to learning disabled students are provided within the framework of a Communication Services model. The areas of Screening and Evaluation, Compensatory Training, Remedial Therapy, Support Groups and Augmentative Services will be discussed. The focus will be on how to utilize existing university and community resources, academic area internships and volunteer programs to provide needed services.

PROGRAM PHILOSOPHY

Communication Services developed as an academic support service delivery model out of the recognition that communication is more than the isolated acts of speaking and listening. Communication is generally viewed as a social process involving the participation of two or more people. However, because of the symbolic nature of communication, the processes involved are also the same processes utilized in thinking and learning. Communication involves reception, perception, conceptualization, memory, symbolization, attention and motor control.

Thus, communication disabilities include not only the traditional communication disabilities such as hearing, language and speech impairments, but also visual impairment, learning disorders, and even dexterity or manipulation problems. Communication difficulties transcend disabilities as long as we do not narrowly define communication. Resources and services traditionally provided for one disability group are often recognized as fulfilling a need of another disability group. Therefore, we have combined these services into one program with, as this paper will attempt to show, budgetary advantages. Communication Services provides assessment, remediation, and modification of the learning environment based on the individual's communication needs, not on the individual's disability.

Learning Disabilities Program Development:

Southwest State University was built in the 1960's with a commitment to a barrier free physical environment. Because of its small size and general liberal arts focus (i.e. there are no special education, medical or allied medical, or speech pathology curriculums) the Rehabilitation Services Department was developed to meet the needs of disabled students. The Speech Pathologist was added to the staff in 1973. It is the Speech Pathologist position with the training and understanding of underlying cognitive, psycholinguistic and communicative processes as they relate to learning, that allows for the comprehensive assessment that is basic to Communication Services.

SSU does not have an open door admissions policy but, in its commitment not to discriminate against the disabled, did essentially have an open door admissions policy for disabled students. There began to be a growing realization that some students were not college qualified, others (particularly in the neurologically impaired group) had discrepancies between their verbal ability and their reading/writing ability. Program development was initiated in the areas of academic assessment, admissions policy and support services for those who showed academic potential but who were not achieving up to their indicated potential. As academic support services developed for physically disabled students, on campus learning disabled students began to request similar services.

The learning disabilities component was officially designated as a service component in 1976. Initially designed to meet the needs of neurologically impaired students, the program has expanded to include the traditionally defined learning disabled student.

Definition of Learning Disability

The Education of All Handicapped Children Act of 1975, Public Law 94-142, specifically excludes from the definition of learning disabilities "learning problems which are primarily the result of visual, hearing or motor handicaps, of mental retardation, of emotional disturbance or environmental, cultural or economic disadvantage." The presence of visual and hearing handicaps (or mental retardation) usually exclude students from the designation learning disabled. Other conditions do not if they are not the primary reason for academic difficulty and the following are present:

1. A significant deficit in a cognitive process.
2. A significant discrepancy between indicated ability and academic achievement.

The student population served in 1980-81 totaled 20 students. This number included 10 students with no known etiology, 5 students with cerebral palsy, 2 students with spinal cord injuries, one with dystonia, and one with hemiplegia from a CVA. (of the 10 "AB" students, one was a minority student from an economically disadvantaged background.) All 20 students met the above-stated criteria.

ASSESSMENT

Identification of students for assessment occurs through self-referral, faculty and staff referral, and prospective student interviews. Figure 1 illustrates the assessment procedure and the diagnostic instruments utilized. The GFW Auditory Skills Test Battery and the Woodcock-Johnson Psycho-Educational Test Battery were obtained (in succeeding years) according to the following criteria.

1. The Department had a very limited budget for supplies.
2. The two batteries provided a variety of information, both in cognitive skill and achievement areas.
3. They were normed for adults.
4. The tests required a minimum of motor control or were adaptable when motor control was necessary.

An additional advantage became apparent as referrals for assessment increased: paraprofessionals and interns could be trained in administering the tests under supervision. (Scoring and interpretation remain with the supervisor.)

The Shipley Institute of Living Scale was designed to detect mild degrees of intellectural impairment in individuals of normal original intelligence. It may also be used as a test of intelligence. It yields Vocabulary-age, Abstraction-age and Total Mental-age equivalents, is a paper and pencil test and is low in cost.

In general, students who are experiencing academic difficulty or who are requesting a provisional admittance are administered the full Woodcock-Johnson Aptitude/Cognitive Skills Test Battery. However, when a screening test is advisable, the Perceptual Speed and Memory Cluster subtests are administered. (Either the Perceptual Speed or Memory Cluster subtests of the Woodcock were deficits in all the students in the learning disabilities program. Furthermore, all students scored average or better in either the Verbal Ability or Reasoning Clusters.)

The Writing Sample is evaluated for spelling errors, type of spelling errors and quality of writing compared to verbal performance. Additional tests are selected on the basis of information needed to further evaluate a student's difficulty and plan for supportive services.

COMPENSATORY TRAINING

Budgetary limitations preclude hiring paid staff to provide compensatory training. In order to meet the Learning Disabled Student's needs, existing university resources have been utilized.

Writing Center/ALS 040 - Basic Writing Skills

The Writing Center and non-degree credit course, Basic Writing Skills, were established by the American Language Skills Department to assist university students who could not pass the required grammar test or who had writing problems. All students seeking assistance are assigned a tutor. Communication Services provides inservice training to all tutors regarding the types of learning disabilities, identification of potential learning disabilities, and recommendations for the student(s) they have been assigned. The learning disabled students are monitored closely by the Communication Services Supervisor and the Writing Center Supervisor who jointly evaluate a student's potential for writing improvement and his/her progress. Criteria are established for determining use of augmentative resources such as proofreaders, typists, dictation equipment and transcribers. Releasing the students from the pressure of demonstrating spelling and proofing ability has resulted in changes in their self concept from non-writers to writers. They discover writing as a skill to be utilized for information gathering, thought expression and problem solving.

Mathematics

Two non-degree credit courses are available for university students, pre-algebra and algebra. The math department also maintains a math lab where students may receive short-term assistance, as well as a list of qualified tutors who may be hired for more in-depth assistance. For learning disabled students with basis math difficulty and fear of the General Studies requirement (Great Ideas in Math), a secondary education/mathematics intern, assigned to Communication Services, provides tutoring and facilitates a Great Ideas in Math Study Group. Tutors and interns receive inservice training in mathematics learning strategies for learning disabled students.

The Women's Resource Center sponsors a Math Anxiety Workshop which female learning disabled students often attend. (Males are welcome, but they rarely attend.)

Learning Strategies Workshop

Learning Strategies Workshops are offered each quarter for all students, usually taught by the Communication Services Supervisor, but sometimes by successful upper class learning disabled students. The Learning Disabled Support Group originated out of a workshop specifically for learning disabled students. An attempt was made to offer the workshop separately, but by request of the students, a portion of their weekly meeting is now devoted to Learning Strategies. They feel that it gives their meetings a focus and provides an ongoing exposure to needed skills.

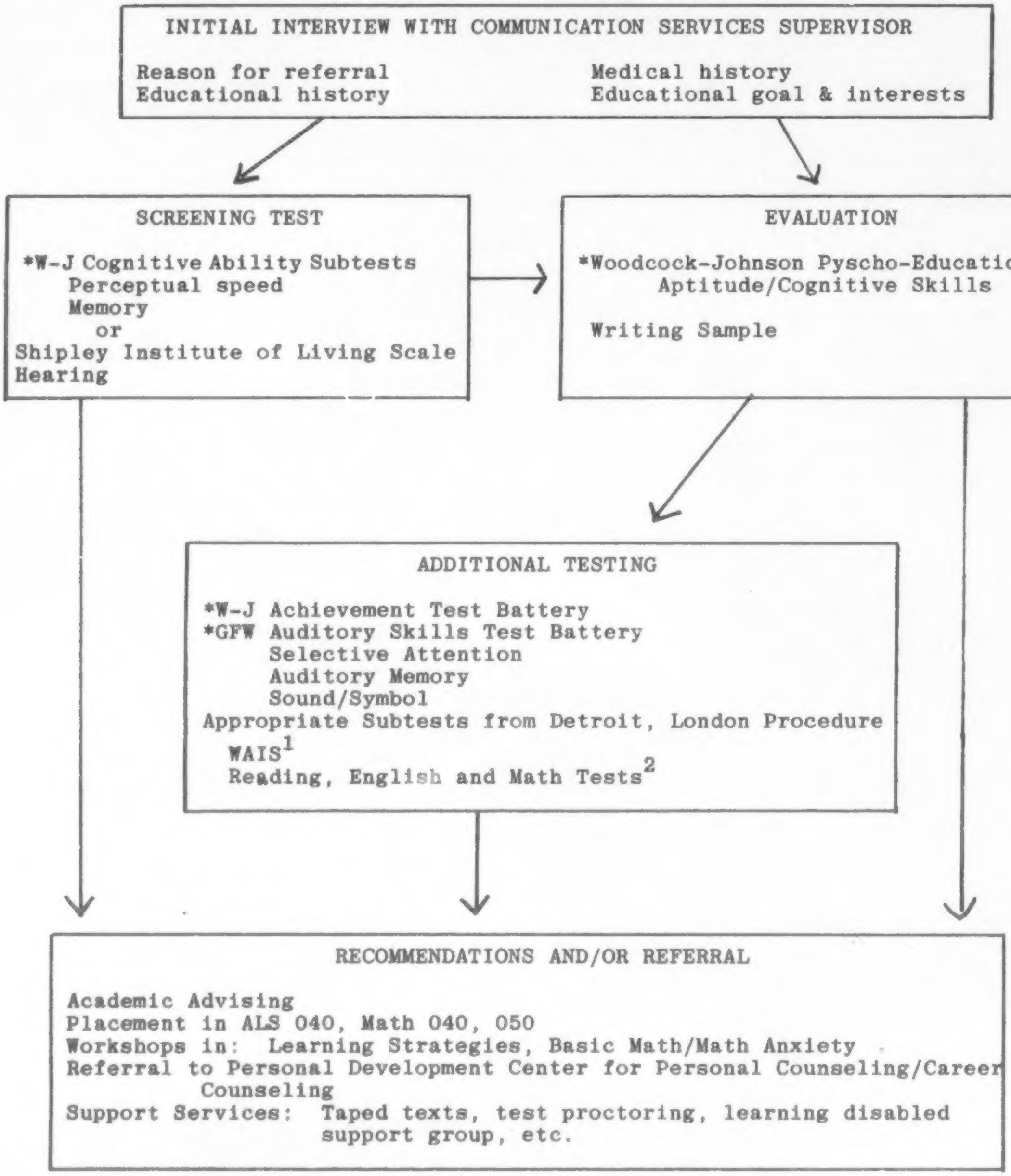
As part of the University's planning to expand Learning Resources, a non-degree credit Learning Strategies course is proposed for provisionally admitted students and students on academic warning. The potential for a "preparatory" quarter is now available. The problem still to be solved is that non-degree courses are credit/no credit. A student enrolled in and passing all remedial level courses would receive a 0.0 GPA and be placed on academic warning.

Remedial Reading

No resources as yet are available for remedial reading. Students who wish to pursue this area are referred to the local Adult Basic Education Program in the community. Most students, however, have received years of remedial training in elementary and secondary school. Students with reading difficulties receive textbooks-on-tape. While no formal post-testing has yet been initiated, students are beginning to report pleasure reading (without tapes) for the first time in their lives. These students believe that multi-channel input has

Figure 1

ACADEMIC ASSESSMENT


INITIAL INTERVIEW WITH COMMUNICATION SERVICES SUPERVISOR
Reason for referral
Educational history
Medical history
Educational goal & interests
SCREENING TEST
*W-J Cognitive Ability Subtests
Perceptual speed
Memory
or
Shipley Institute of Living Scale
Hearing
EVALUATION
*Woodcock-Johnson Pyscho-Educational Aptitude/Cognitive Skills
Writing Sample
ADDITIONAL TESTING
*W-J Achievement Test Battery
*GFW Auditory Skills Test Battery
Selective Attention
Auditory Memory
Sound/Symbol
Appropriate Subtests from Detroit, London Procedure
WAIS[1]
Reading, English and Math Tests[2]
RECOMMENDATIONS AND/OR REFERRAL
Academic Advising
Placement in ALS 040, Math 040, 050
Workshops in: Learning Strategies, Basic Math/Math Anxiety
Referral to Personal Development Center for Personal Counseling/Career Counseling
Support Services: Taped texts, test proctoring, learning disabled support group, etc.

* Can be administered by trained paraprofessional or intern

1. Administered by psychologist.
2. Administered by Communication Services, or within remedial classes.

improved their reading ability. An important factor may be the tension reduction that tapes provide, thus allowing them to experience the benefits that reading provides.

Tutors/Study Groups

A proposal to initiate tutoring services, utilizing work study students, was not implemented due to the University's limited work study monies. While Vocational Rehabilitation sponsors often fund tutoring services for their disabled clients, this source of funds has limitations. In addition, eligibility for vocational rehabilitation assistance for learning disabled individuals varies from state to state, and often from office to office. Most learning disabled students are not receiving vocational rehabilitation assistance and usually can not affort hiring tutors in addition to their other expenses.

Study Groups have been initiated to help meet the tutoring needs of students expressing doubts about required subjects. These students enroll in that subject the same quarter. The Study Group meets weekly (formally, sometimes more often informally) to discuss material, make decisions as to main idea-supporting material, quiz each other, etc. Where feasible, a Volunteer or Student Intern facilitates the group and their learning process. We have been very successful at recruiting interns, especially from the Sociology/Psychology and Education departments. These interns receive training in types of learning disabilities, and learning strategies for learning disabled students. Through the Volunteer Reader Program we also have recruited community volunteers to facilitate groups. In a few instances Faculty/Staff have volunteered. During 1980-81, all students participating in a Study Group passed their courses with a C or better. Some students who did not participate initially and were not as successful, have indicated interest in study groups for 1981-82 courses.

Reciprocal tutoring is also a resource. Learning disabled students with an academic strength will tutor in their strength in return for tutoring in their weakness.

AUGMENTATIVE RESOURCES

Taped Texts

Students who utilize taped texts are pre-enrolled in their courses. Wherever possible, students request tapes from State Services for the Blind, Library of Congress or New York Recordings for the Blind and Physically Handicapped. For texts not available through these agencies, we maintain a Volunteer Reader and Tape Library service. We recruit readers from campus organizations, through campus publications and posters, community organizations and publications. The Human Relations course also lists the reader program in the options for the course contact experience. The Reader/Library service is coordinated by a ten-hour/week paid paraprofessional. This individual receives requests, recruits and trains readers and maintains the library.

Students honored the volunteers at an end-of-the-year party this year. Based on feedback from that party, they plan more joint social activities next year. (Readers expressed a desire to know the people they read for.)

Test Proctoring

A test proctoring system, developed for students with physical disabilities, was expanded to include learning disabled students. Students may have exams taped, essay exams proofed for spelling and syntactical errors, and may orally, onto tape, organize their material and then type it. In most cases, students write from their own dictation; in a few cases, they pay for typists. (University regulations prohibit our secretarial staff/word processing from typing for students.) Where paid typists are needed, the Business Office and Secretarial Management Department has cooperated in recruiting students.

Equipment Loan

Through grants we have developed augmentative communication equipment. Initial efforts to secure funding for specific equipment for specific disabilities was not very successful. The response usually was that grant requests were too narrow in scope. By combining equipment needs and expanding therefore the population to be served, we were more successful. An additional advantage to a common pool of equipment is that equipment judged too expensive to purchase for minimal usage by one disability group may be utilized by a variety of students. Equipment utilized by learning disabled (and other) students includes 4-track/2-speed recorders, variable speech control modules, dictation equipment, an electronic visual aid (some learning disabled students like the reverse image and line monitor), talking calculators and Canon Communicators (for library research).

Notetakers

Classmates usually respond to requests to take carbon notes. The process was established for physically disabled and was easily expanded to learning disabled. Requests to tape lectures have always been honored by faculty. Rarely are copyright slips even requested.

SUPPORT GROUP

This is easily the most important facet to the program. Students know immediately upon enrolling that they are not alone; that others understand their problems and frustrations, that students like themselves are successful. The Group provides support, prodding, and expertise from themselves not adult authority.

The Support Group meets weekly. The meetings begin with a focus (learning strategies, social strategies) and usually continues with a free-wheeling discussion on some area of concern. The learning strategies focus has drawn some students to the group who were reluctant to identify themselves as learning disabled. The group provides for them an atmosphere where they experience acceptable and successful alternatives to learning.

The physically disabled/able-bodied combination has strong benefits. The physically disabled see an area of their difficulties that able-bodied individuals share; the able-bodied student sees that his/her disability is rooted in organic difficulty, not personal lack.

In addition to weekly meetings, the Group is affiliated with MCALD and has participated in the organization of the Adult Learning Disabled section. The Group also sponsors a speakers bureau, social activities, special workshops (e.g., Stress Management, Visual Imagery Training) and organizes fund raising activities to attend state (and, next year, national) meetings.

SUMMARY

The services provided to the learning disabled student involve the utilization of a coordinator and one paraprofessional. The success of the program depends on utilizing existing services for the physically disabled, the cooperation of other areas and programs at the University, recruiting volunteers, and a strong Learning Disabled Student Support Group.

Support Services for Students with Severe Physical Disabilities

I MANAGE
MY OWN
FFAIRS

DEVELOPING STUDENT SKILLS IN INDEPENDENT LIVING: AN INDEPENDENT LIVING CENTER's PERSPECTIVE

Barbara G. Hummel, Access to Independence, Madison , Wisconsin

ABSTRACT

Independence: it's a decision to live deliberately, take control, take risks, and live with the responsibilities and consequences involved. This paper highlights ways postsecondary settings can utilize the resources of independent living centers to promote independent skills among students.

Introduction

In the last decade, the independent living (IL) movement has been a growing, creative force in expanding the perspectives of what are "appropriate" life options for people with severe disabilities. Several characteristics are central to the IL philosophy, as summarized by Crewe (1979):

> "Independent living develops individual power, both as a process and as an outcome. Although independence is not a new theme for rehabilitation, the IL movement does stress in a new way the consumer's responsibility for both the identification and achievement of specific goals. It also affirms, regardless of barriers, the right of each individual to live in a place of his own choosing and to participate as a member of the community."

The IL philosophy grew out of the early efforts of consumer-based programs in Berkley and Boston; the 1978 Amendment to the Rehabilitation Act of 1973 endorsed this philosophy legislatively by mandating funding for the establishment of independent living centers (ILCs) across the country.

How do ILCs and independent living pertain to postsecondary education? The postsecondary educational setting is one environment where disabled individuals' growth toward independent living can be facilitated and strengthened. By its very nature and structure, postsecondary education embodies a series of transitions all students must make--the move away from family, the change to a learning environment that expects self-determination and planning, the potential wealth of new information and ideas. These changes hold true for the disabled student as well. Additionally, they must learn how to 1) express individual needs that others may not understand, 2) arrange for assistance (attendants, readers, interpreters), and 3) do a balancing act with a funding agency's expectations.

The specific relationship of ILCs to postsecondary settings can best be decided on the local level. There are, however, linkages that should be explored to effect and offer a more coordinated array of options and opportunities to disabled students. What follows are some of the roles an ILC can play in relation to postsecondary settings in order to enhance students' independence. These thoughts are based on my working experiences in both the postsecondary and ILC settings.

ILC as Expediter

In their brief lifetimes, ILCs have developed a reputation for being non-traditional. This non-traditional perspective may give new angles or provide new approaches for addressing a student's interests or concerns. The heavy consumer emphasis of ILCs insures the availability of a wealth of practical experiences at hand; why re-invent or re-agonize a process that may already have several tested, workable alternatives?

Individuals seeking services often feel at the mercy of the agencies that provide funding; the frustrations of paperwork and complex service systems may leave people feeling as though they were puppets on an agency string, with limited knowledge as to how to untangle information or convey their needs. Oftentimes ILCs can serve to cut red tape and explain the idiosyncracies and procedures of the system needed to access resources. ILCs are most effective in encouraging individuals' independence when they use these opportunities to explain or work through the procedures in concert with the person. This not only gives appropriate information to resolve the situation but also provides a model for the person to use the next time, perhaps without any additional assistance.

It was my experience in the postsecondary setting, that community resources (such as Title XX, Section 8) were underutilized, most often relying on University funding or Division of Vocational Rehabilitation assistance. In times of funding cuts, it becomes even more imperative that student services personnel fully understand community systems so that they may be tapped for creative solutions. Using community systems has the additional benefit of students having a basic familiarity with service options once they graduate and/or no longer receive DVR funding.

ILC as Advocate

Advocacy often goes hand-in-hand with expediting resources, and may exist on several levels. There is advocacy for individual situations; approaches may vary from representing an individual's concerns to teaching that individual how to advocate for him/herself. Again, it is critical that these efforts be cooperative ones between the individual and his/her advocate. It is defeating to rescue a person by totally taking control, or to have him/her dependent for the next situation that arises. The sharing of advocacy techniques and information is an essential component in the IL philosophy.

There are advocacy efforts that involve coalescing a group around issues of mutual concern; ILCs can serve to provide that coalition across the spectrum of disabilities, and, through consumer representation, present concerns concretely and directly. It makes far more impact to legislators or decision-makers to hear the impact of a policy or program on consumers' lives. Further, the representation of consumers' interests solely by professional staff has potentially negative implications: 1) that consumers can't speak for themselves, and/or 2) that professionals are protecting vested interests.

ILCs maintain a broad view of individual needs, seeing the individual as a whole person instead of chopped into separate service components. This focus has the potential for ILCs to provide agencies, the public, and consumers with an analysis of the ramifications of one service decision on other related considerations. For example, cuts in funding personal care assistance for individuals also may threaten the ability to remain in an independent setting. In situations such as these, advocacy may simply involve disseminating information so that disabled individuals can decide when or if they want to express their needs and desires.

ILC as Community Resource/Service

The ILCs' relationship to the disabled student varies according to the point at which the student seeks their services or assistance. The ILC may actually be a starting point for some individuals; once their personal care needs and housing are arranged and the transition to an independent setting has been accomplished, some may then be interested in pursuing educational options.

Then, too, there are times when a student wishes to avail him/herself of ILC services while he/she is attending a postsecondary institution. For example, it may be especially helpful for disabled persons not choosing the traditional route of living in the dorm or being full-time students to avail themselves of the practical community living informations ILCs have to offer. It is imperative, however, that ILC services are not seen as the remedy for providing supportive campus services; ILC services should serve to supplement and enhance campus services, with the primary responsibility for meeting students' needs resting with the postsecondary setting.

A third entry point into ILC services is after the student has completed his/her postsecondary education and is looking to get established in the community.

Whenever this contact with an ILC occurs, the IL approach is consistent: a mutual discussion and exploration of service needs and options. In this framework, individuals learn to take control, take risks, and live with the resulting responsibilities or consequences. Without this focus, ILCs could merge among the traditional rehabilitation agencies. This approach can be, and often is, the one used in postsecondary settings as well. For both settings, it is essential that service responses are constantly evaluated to ensure this basic philosophy is put into practice.

ILC as Collaborator

There are many areas of mutual concern that ILCs and postsecondary programs can share and work on cooperatively. Aside from the important aspect of cooperating on advocacy issues, there are: 1) possibilities of further service development, 2) identifying needs that currently aren't being served, and 3) devising ways that continuity of services can be assured as individuals go from the community to the educational setting or vice versa.

Summary

Developing independent living skills is an involved process that takes time and energy. Postsecondary settings and independent living centers have the responsibility to structure their approaches and efforts in a way that provides opportunities for disabled individuals to develop self-determination and control. Cooperative efforts among all parties involved can ensure that the full array of resources are utilized.

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IMPLEMENTING PROGRAMS FOR INDEPENDENT LIVING ON THE COLLEGE CAMPUS

Gwen H. Callas, Kent State University

ABSTRACT

Instructional programs which provide an opportunity for disabled students to explore life options can have an immediate impact on the development of coping skills needed in daily living. Such skills allow for a smoother transition from university to community life. Based on a pilot project, this article describes not only the methods used in developing an independent living skills program at Kent State University, but also offers suggestions for implementing similar programs on other college campuses.

BACKGROUND

The objective of disabled student service offices is to assist students in acquiring those support systems necessary to allow for full participation in a college/university's programs and activities. Professionals responsible for organizing and implementing services have long been aware of the need to impart to the student a sense of ability and responsibility for maximizing individual involvement within the academic community.

The independent living movement has grown out of the recognition by disabled individuals of the need to develop those support systems required for daily living, thus enabling the individual to live a productive life. In many ways the disabled student service office is analogous to an independent living center, with the focus on the specific objective of getting through a college/university program. The lessons in survival learned within an academic institution can, in part, be transferred beyond the walls of academia. Most students with disabilities, however, need and can benefit from programs and experiences designed to address individual issues related to life planning and independence. Programs which extend the objective from getting through college to getting through life can enable the student to gain more from his/her formal educational program and prepare the student for the transition which follows.

Kent State University has had an Office of Services for Handicapped Students for seventeen years. The experiences with disabled students that have transpired during this time suggest that while we may be succeeding in our objective to assure full participation in university life, there are broader needs that have yet to be confronted.

In an attempt to address these needs over the years, Kent State University sponsored many programs focusing on information and skill development specifically related to the interests of disabled students. Such efforts included seminars, workshops and on-going programs related to attitude change, sexuality, homemaking, safety and self-defense, effective self-advocacy, job seeking skills, and the employment of personal attendants.

Follow-up interviews with students who have graduated from Kent State University revealed that, in spite of such efforts, many of these individuals still felt somewhat unprepared to make a smooth transition from university to community life. Arranging for attendants, finding suitable housing and transportation, and acquiring employment were needs that had to be met simultaneously. Interview data indicated that better planning on the part of the student while still in college as well as more information on community resources could have eased this initial burden.

Our interest in developing a structured educational program, which could enable students to explore their options for independent living, led us to seek funds to develop a Personal Needs Training Program. This effort was supported through a non-renewable Innovation and Expansion Grant from the Ohio Rehabilitation Services Commission.

The following description outlines the P.N.T. Program. In that financial support from an outside agency enabled us to develop this program, it is not suggested that other post-secondary institutions would have the resources on hand to replicate our efforts in their entirety. It is hoped, however, that this information will stimulate a review of resources that might exist on other campuses and suggest content ideas and directions that can be explored.

PROGRAM DESIGN

The course in Personal Needs Training for Disabled Students is offered for three hours of academic credit through KSU's Honors and Experimental College.

Once enrolled, students work with a program officer in identifying and prioritizing those skill areas that they wish to develop during the semester. Skills areas include the following activities of daily living and personal concerns:

- shopping
- cooking
- budgeting
- finding accessible housing
- organizing living space
- independent living aids
- transportation
- communication skills
- decision-making skills
- recreation/leisure activities
- employing personal attendants
- sexuality
- career planning
- the employment search
- safety/self protection
- resource information - legal rights/responsibility as a consumer

With the assistance of the program officer, each student develops a plan for activities and instruction that is designed to increase skills. Individual follow-up on these plans is provided by the program officer throughout the academic term. The student also attends a weekly class which focuses on those issues that are of priority to the entire group. In addition to the follow-up provided by the program officer, each student works with a graduate student in the Rehabilitation Counseling Program, the objective being to offer a support system for the disabled student seeking guidance related to personal issues.

Five apartments have been remodeled within one of the university's residential housing complexes to provide wheelchair access. Four of those apartments are for direct residential use while the fifth serves as a training site for instruction related to housekeeping and cooking. Those students who are determined to best be able to benefit from a living/learning experience are assigned residence in an apartment for one semester. It is within this setting that the students can actually begin to employ the skills and techniques essential to an independent life style. For some students this arrangement can serve as the bridge between the transition from dorm life to off-campus housing.

STUDENT PERCEPTIONS OF THE PROGRAM

Prior to the actual implementation of this program, one of our initial concerns was that students might not perceive the benefits which would be derived from participation in the program, thus necessitating extra effort on our part in encouraging enrollment. Our experience to date has proven that this was not the case. Approximately twenty students readily enrolled in the course and willingly mapped out their individual plans for the semester. The majority of these students had severe mobility limitations. Several students resided in four of the apartments. As described earlier, the fifth apartment functioned as a training site and office for the P.N.T. staff.

The final course evaluation revealed that all participating students felt that they had experienced significant personal growth as a result of the course. The skills developed were found relevant and useful for improving current life styles. All recognized that anticipating issues related to the transition from university to community life would enable them to be better prepared in managing many of the problems that are likely to arise in the future.

It is important to note that the class sessions devoted to developing communication skills, specifically assertiveness training, were consistently rated as being the most valuable component of the program. Weaknesses identified related to the need to spend a larger percentage of class time working on cooking skills. A rather interesting finding was that all participants indicated that there was a definite need to extend class meetings from a two hour weekly session to bi-weekly two hour sessions. It is felt that this last request demonstrates the sincere interest and commitment on the part of the students who were spending approximately three additional hours each week outside of the class on course-related issues.

The peer support system which developed among the students was identified as being one of the most valuable outcomes of this course. This adds further credence to the already voluminous evidence on the importance of support groups in the development of coping behaviors.

STAFF PERCEPTIONS OF THE PROGRAM

On the basis of the evaluations received at the close of the semester, the immediate impact of this program on the participating students can be stated as being positive. In this sense the program can be viewed as a success. However, as professionals we cannot ignore the question of lasting effects. Therefore, in order to assess for any long range impact, our plans include a follow-up of each program participant.

Some suggestions for improving the program in the future included the following areas:

—Build in outside experiences/on-site visits.
—Two class meetings each week - one for instruction, one for discussion.
—Utilize students who have completed the course as peer instructors.
—Address the variance of needs between underclassmen and upper classmen.

In general it can be stated that the structure of this course allowed for a freer flow of ideas and for a more dynamic learning process. This approach was found to be far more desirable than offering open seminars and workshops on specific topics.

SUGGESTIONS FOR DEVELOPING A PERSONAL NEEDS TRAINING PROGRAM

If possible, it is recommended that course credit be sought for such a program. This provides an academic incentive, gives the effort more credibility within the academic community, and assures an organized structure that students can relate to. If this is not feasible, regularly scheduled meeting times could be set aside once or twice each week for the purpose of discussing specific topics. Co-facilitation by disabled student services personnel and students would broaden the perspectives addressed.

The individual plans for development that were worked out between the instructor and student resulted in a real commitment to the personal growth objectives of the program. Such plans ranged from practicing skills in assertiveness to identifying ways to decrease dependence on an attendant. If personnel support for the program is limited, students could meet in pairs once each week to review and support each other's progress.

Utilizing campus resources and personnel is strongly recommended. For example, industrial arts majors or instructors from a school of technology can assist students in designing personal aids and devices for use in daily living. Consider acquiring the support of home economics staff to instruct adapted cooking techniques. The possibilities are endless, and the relationship between departments can be enhanced by cooperative efforts.

SUMMARY

The university/college setting offers students a supportive environment in which to experience new life options and to explore techniques for increasing personal independence. Structured learning programs which address the concerns of students with disabilities are not incompatible with the responsibility that post-secondary institutions have in developing the total person. If we are to be consistent with the goals of our educational mission, we must focus our sights beyond the confines of ivy walls by building those bridges which will enable the student to cross over to an independent and productive future.

INDEPENDENT LIVING AND EDUCATION: A DISABLED STUDENT'S PERSPECTIVE

Steve Dolan, University of Massachusetts

ABSTRACT

This article attempts to explain the importance of independent living and education from a disabled student's perspective. In Massachusetts a close relationship has been formed between the Boston Center for Independent Living and the Disabled Student's Center at U. Mass/Boston by working together on advocacy and social activities.

Independent Living and Education:
A Disabled Student's Perspective

I am a disabled student attending U. Mass/Boston and I am a member of the Board of Trustees of the Boston Center for Independent Living. Since becoming involved with both institutions I've come to realize the importance of education and independent living for disabled people. Education and independent living provides disabled people with a certain amount of control over important life decisions and helps them to realize their full potential as human beings. U. Mass/Boston and BCIL have been working to provide its members with the opportunity to realize that potential.

The goal of any institution that works with disabled people is to create an environment that will allow the disabled person to function at the same level as able bodied person. The environment can be created through the use of personal care attendants, adaptive housing, classroom aides, recreational activity, etc.

A good example of an adaptive environment is the campus of U. Mass/Boston. If you look at only the structural aspect of the University, you'll find it totally accessible by wheelchair. Driving into the garage, you'll find a handful of handicapped parking spots close to the elevator. Parking is free for anyone who has HP plates. There is a closed-in catwalk that connects with four of the five buildings. Just about all bathrooms are wheelchair accessible while the new sports center provides activities for disabled students.

Also, the U. Mass campus has a Disabled Student Center. The Center was originally founded to serve the University's blind students but at the present time, it now serves over 100 students with various disabilities. The Center provides readers for the blind, notetakers for deaf students and for those who can't write. Counseling services are also provided along with an Alcoholics Anonymous Program that reaches a student population with a less traditional disability.

For those of us who utilize the Center's facilities, it is a valuable tool in giving the disabled student a chance to be academically equal to the other students on campus. To those of us who don't use the Center's facilities it becomes a place to hang out, relax and enjoy some conservation. The Center attracts a variety of people, disabled and abled bodied, with various backgrounds where they can get to see "how the other half lives."

As the U. Mass/Boston Disabled Student Center provides academic equality, the Boston Center for Independent Living provides community equality by placing disabled people in their own apartments. Once a person is placed in an apartment he/she is able to find their own Personal Care Attendant or can find one in the BCIL PCA "pool." When becoming a client of BCIL, you also become a member of the organization. Board Meetings are open to all members which gives everyone a chance to provide some personal input into the function of the organization.

Political Advocacy has become an important aspect of BCIL. All members are encouraged to learn about the legislative system in order to ensure their rights. Members are educated about the political process through the mail, informing them about particular legislation or events that will affect the quality of their lives.

BCIL and the Disabled Student Center have very close ties and often work together on various projects. There are strong lines of communication between both organizations because many members of the Disabled Student Center are also members of BCIL. This provides good coordination and organization of events that are important to both organizations. Here are some examples:

A few months ago, the Massachusetts Bay Transit Authority threatened to cut off evening transportation for its disabled riders. BCIL and the Disabled Student Center helped organize a large turnout at a public hearing to protest the cutback. More than 125 disabled people came to speak out and protest. It was the largest turnout ever at a transportation hearing and as a result, the proposed cutbacks were reconsidered and the evening program is still intact.

On April 10, 1981 a massive demonstration was organized at the foot of the Bunker Hill Monument. This was a symbolic gesture designed to illustrate the fact that disabled people always have to fight for their own independence, the same way our revolutionary forefathers did. There were 400 disabled people participating in the demonstration protesting the cutbacks in human services and social security by the Reagan Administration.

Not only do these two organizations work together but they also play together. Last year a Christmas Party was held in U. Mass/Boston faculty lounge. Close to 100 people attended and the same thing is planned for this coming Christmas.

Although BCIL and the Disabled Students' Center are separate organizations they have strong ideological ties. Both are committed to equality and independence for its members in the classroom and in the community. Both organizations are ready to protect these rights through advocacy.

The disabled movement has come a long way. We've fought our way out of attics and closets to participate in society. Everyone in this society is "endowed with certain inalienable rights," the right to work, raise a family and live independently. Disabled people have proven thay can live in this society and contribute without extreme cost to the government. It costs the government more to institutionalize someone. Independent living has proven to be cost effective.

The Reagan Administration sees these essential human services as excess fat and is threatening to cut the funding for independent living and vocational rehabilitation. The Reagan policy is designed to eliminate fraud and provide for the truly needy. But logic only points out that the truly needy are supported by BCIL and the Disabled Student Center.

Disabled people have become the scapegoat of the Reagan economic policy. The programs that BCIL and vocational rehabilitation need constitute less than 4% of the total budget submitted to Congress. Put in this perspective, it becomes a political move designed to remove any political influence disabled people have collectively, since they have traditionally voted for progressive Democrats.

How can the Reagan onslaught be stopped? At a recent New England Independent Living Conference there was talk of planning a National Independent Living Organization to ensure basic human and political rights. There are also plans to organize a national disabled student organization.

So we see the key word to be: Organize. Work with your ILP or Disabled Student Center because when you get involved you are working to keep your basic rights. Disabled people do have political power. We are over 36 million strong and have great support from ILP's and schools. We are not a class of powerless cripples. We can think, analyze and fight for our rights to independence. Remember the motto of the Boston Center for Independent Living:

Independence: some of us still have to fight for it.

How true.

ATTENDANT CARE MANAGEMENT: A TRAINING PROGRAM

Vicki Birdwell, California State University
Gail Fonosch, California State University

ABSTRACT

When the severely disabled student effectively learns to manage the attendant care relationship, a skill has been learned; its value will endure for a lifetime. A videotape, Help! Managing Attendant Care, has been developed at California State University, Northridge, in response to this need for curricula in attendant care management.

The Independent Living Movement has brought new meaning and prominence to attendant care. DeJong (1979a) feels attendant care has symbolic significance for the movement because it is a self-directed service. As such, the disabled person takes control of defining and meeting personal care needs which reflects consumerism and self-help. These two tenants are representative of the independent living movement. Attendant care is firmly established as one of the service areas of independent living programs throughout the country (Counts, 1978; DeJong, 1979b; Frieden, Richards, Cole, & Bailey, 1979).

New responsibilities come with this attendant care role so strongly associated with independent living. A demand is created to effectively manage one's attendant care situation. Attendant management involves directing another individual in performance of personal care and related services. In most cases, the person requiring services pays for the assistance which confers the title and legal responsibilities of "employer".

The disabled person, in the role of employer, is plagued with problems. Attendants are difficult to attract, wages are low, turnover is high, and financing is a problem. The person hiring the attendant must be skilled at interviewing and training. Creativity in composing advertising and locating prospective attendants is an asset. A sense of humor is necessary to reduce frustration levels.

Additionally, employing an attendant is a peculiar arrangement. Simon (1977) describes the attendant care relationship as a delicate balance between dependence and independence. O'Hara (1980) illustrates this point:

> For disabled people who rely on attendants . . . basic needs for stability, privacy, and independence are often compromised. Paid attendants are a necessary intrusion into a person's most private life, yet a stable and reliable attendant program is a first necessity to a disabled person wishing to control his or her life. (p.47)

Managing this delicate relationship requires well-developed interpersonal skills.

While the consumer role has been stressed, too often the accompanying assumption is that the disabled person also has well developed managerial skills. This is not always the case. The need for attendant management training has surfaced (Birdwell & Fonosch, 1980; Counts, 1978; Wright, 1980). Independent living centers and programs are providing various degrees of attendant management training. Guidelines for training have been devised by Simon (1977) and by Cole, Sperry, Board, & Frieden (1979). Written resource material is available for use in training programs from DeGraff (1979) and from Board, Cole, Frieden, & Sperry (1980). A videotape and workshop format have been produced and are available (Birdwell & Fonosch, 1981).

The short-term result of focusing efforts on attendant care management training is assisting each attendant care manager to creatively and adequately deal with the demands of locating, hiring, training, paying, interacting with, and terminating attendants. By systematically developing managerial skills, the long-term benefit (hopefully) will be concerted efforts to handle current problems such as attracting attendants, providing adequate compensation, and minimizing turnover.

ATTENDANT CARE SERVICES IN COLLEGES AND UNIVERSITIES

Personal care needs of severely disabled college students must be met if full participation in the academic community is to be achieved. While Section 504 does not require postsecondary institutions to provide attendant care services, some have incorporated attendant care into disabled student services. Bonney (1980) contends,

> The amount of effort an office is willing to put out, and the scope and quality of the attendant care services an office is willing to develop, will determine to a great extent the type of disabled student who will attend the institution. (p.41)

In other words, severely disabled students will be attracted to institutions which can facilitate their attendant care needs.

The focus of attendant care service programs varies. An early program emphasized training attendants to perform personal care tasks for disabled persons (Graden, Lips, & Mitchell, 1973). Other programs have also incorporated structured attendant training as part of attendant care services (Simon, 1977; McCombs, 1977; Larson & Snobl, 1978; Hradesky, Callas, Cranston, & Kile, 1978).

Developing and maintaining an attendant "pool" has been another program emphasis. Bonney (1980) advocates that the disabled services office serve as an initial interview and referral agent, thereby facilitating locating suitable attendants. Maintaining a continuous attendant pool requires constant effort, but one that is necessary if the institution desires to adequately serve those needing attendants.

The latest trend is to stress maximum participation by disabled students in attendant management activities. This approach stresses that disabled persons should be in control of decisions regarding personal care and are expected to exhibit qualities of an effective manager. Attendant management promotes independence as opposed to dependence. DeGraff (1979) states,

> An institution's attempt to screen, train, hire, and fire attendants for the individual creates dependency on the institution. (p.2)

A college or university can exhibit one emphasis or combine features of all three. The University of Arizona (Handbook for Disabled Students) and Southern Illinois University (The University and the Student with a Disability, 1979) incorporate aspects of attendant and employer training as well as maintaining an attendant pool. Other colleges, such as Boston University (DeGraff, 1981) place the major emphasis on self-management with a referral system to facilitate the attendant match.

Each institution must decide its role in providing attendant care services. Focus and extent of services will depend on philosophy and resources of the institution, orientation of the student service coordinator, number of students needing attendants, and other factors. However, if the college or university seriously undertakes the challenge of striving toward full accessibility, the facilitation of attendant care services is a necessity.

ATTENDANT CARE PROGRAM AT CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

The purpose of the Attendant Care Program at California State University, Northridge (CSUN) is to enable disabled students to more effectively manage their own personal care needs by matching them with a student-attendant volunteer (Birdwell & Fonosch, 1980). A pool of student-attendant volunteers was recruited to meet this need. An attendant management philosophy pervades the program, and students are expected to interview and train their student attendant volunteers.

The program's office is housed in the wheelchair storage room. This disabled student operated facility is centrally located on campus and is a prime location for the disabled and other members of the campus community to interact. The facility that houses the Attendant Care Program is administered through the Handicapped Student Affairs Office. The graduate student who designed this program is also the coordinator of the Attendant Care Program.

When students request services from the Attendant Care Program, they are asked to delineate their needs. Separating a task into several parts, deciding what days and times a certain task needs to be done, is a novel task for many disabled college students. In this way, attendant care management is stressed from the student's first contact with the program.

Throughout the program's existence, the coordinator noticed that students lacked skills for managing their on-campus and off-campus attendant care situations. This motivated the authors to obtain grant monies for preparing educational materials which would upgrade attendant care management skills. A videotape presentation was decided upon as the most effective method for communicating these concepts. A workshop utilizing this tool was planned and implemented upon the completion of the videotape.

THE VIDEOTAPE

The Attendant Care Coordinator, combining knowledge gained from working with personal attendants and experience working with the attendant care relationship of others, wrote the script for the videotape. The setting is the university disabled student office where attendant care services are administered. Action begins when a disabled student seeks assistance from the coordinator, who is also disabled. The pair watch a film depicting two case studies. These situations contrast two vastly different managerial styles, the disorganized and dictatorial persons. The first situation illustrates the disorganized person who is unable to define his needs or to give a realistic estimate of time needed to perform personal care tasks. The second situation focuses on the dictatorial individual who places great demands on the attendant by regimenting his personal care activities. The effect of these behavior patterns on attendants and the resulting lack of communication are reflected in each episode. After viewing the film, the coordinator and disabled student discuss practical suggestions for advertising, hiring, training, and scheduling attendants.

The videotape, Help! Managing Attendant Care, was designed to:
- Orient the disabled person towards different managerial roles;
- Increase awareness of the complexities of attendant care as a managerial activity;
- Provide practical hints that can be incorporated into the disabled person's methods of arranging attendant care; and
- Reaffirm the value of peer counseling when dealing with the disabled consumer.

The main character is a sensitive, helpful coordinator who guides rather than directs his clients. The major actors have had experience in attendant care relationships, either as a manager or a provider. Help! Managing Attendant Care is truly a film for the disabled, by the disabled.

TRAINING WORKSHOPS

A three-hour workshop was planned and implemented using the videotape as a focal point. Each person received a list of behavioral objectives (Appendix A), a schedule of activities (Appendix B),and an evaluation form (Appendix C). Two publications were also distributed in this workshop: DeGraff's Attendees and Attendants (1979) presents a succinct managerial style and Independent Living with Attendant Care: A Guide for the Person with a Disability (Board, et al., 1980) deals with the importance of inter-personal relationships as well as management skills.

Upon arrival, each participant completed the pretest evaluation (Appendix C). The purpose of the test is three-fold: to indicate experience in attendant care management to the workshop directors, to inform the participant of the workshop orientation, and as a knowledge evaluation tool for both the directors and participants. Introductions and workshop orientation followed the pretest. Word association was used as an "ice breaker" and to help students define their perceptions of dependent needs (activities which need assistance from others. The videotape was shown, followed by discussion.

The situations presented were examined in light of their inter-personal communication patterns. The practical problems of locating and training an attendant were also addressed. These issues are brought into sharper focus through group discussion, role play, word games, small group activities, as well as lecture. The evaluation was then administered as a post-test (Appendix C). Each semester this workshop will be held to provide the disabled students with the opportunity to examine their system of attendant care.

CONCLUSION

The need for attendant care training has been established. Two workshops were held on campus during the spring semester, 1981. In addition, the videotape has become an essential teaching tool in the Attendant Care Program at CSUN. Future workshops are planned for next year to introduce new students to the attendant care management orientation. Through incorporation of these ideas and teaching tools, we see the matriculating student as: a novice attendant care manager delineating his needs, then learning and practicing management concepts through workshops and practical experience, and finally incorporating these attendant care management concepts into his lifestyle.

Help! Managing Attendant Care is available to those who voice a need for this videotape (Birdwell & Fonosch, 1981). Professionals in independent living centers, hospitals, and community settings as well as university personnel are expressing interest in the videotape. A record of programs using the tape as part of their training, is being compiled and will be available upon request. The broad scope of this videotape has been both a delight and surprise.

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APPENDIX A

ATTENDANT CARE MANAGEMENT: DEVELOPING YOUR OWN STYLE

This workshop is intended to provide you with the opportunity to examine your system of attendant care. Activities will assist you in identifying and delineating your dependent needs, communicating with your attendants, and increasing effectiveness of recruiting, interviewing, and training procedures.

BEHAVIORAL OBJECTIVES

At the end of the workshop, participants should be able to:

1. List all activities for which they require assistance from others to perform.
2. Analyze one dependent need and the tasks required for successfully meeting this need.
3. Identify the extent to which they control their attendant care activities.
4. List barriers to effective communication with attendants.
5. List methods for enhancing communication in attendant care situations.
6. Ask for assistance using the assertive, passive, and agressive approaches.
7. Prepare an advertisement for hiring an attendant.
8. List resources for locating attendants.
9. Prepare a list of questions to use when interviewing a prospective attendant.
10. Give suggestions for training new attendants.

APPENDIX B

SCHEDULE OF ACTIVITIES

Time	
1:30	Introductions
1:40	Word Game List Your Dependent Needs.
1:55	Videotape: *Help! Managing Attendant Care*.
2:25	Group Discussion of Situation 1 - Delineating Dependent Needs.
2:40	Group Discussion of Situation 2 - Barriers To Effective Interpersonal Communication.
2:50	Approaches to Asking For Help: Assertive, Passive, and Aggressive. - Role Modeling (Example) - Situations for Small Groups
3:10	Practical Problems Related To Attendant Care Management. - Recruiting (Advertising and Locating Attendants) Activity: Composing Ads - Training the New Attendant - Attendant Turnover
3:55	Closing Remarks Evaluation

APPENDIX C

CONTENT EVALUATION FOR ATTENTANT CARE MANAGEMENT WORKSHOPS

Please complete this questionnaire before and after the workshop.

1. List three dependent activities.

2. From the list in Question #1, select one activity.
Please list the specific tasks associated with that activity.

3. How much control do you presently have over the management* of the listed activities? How much control would you like to have over the management of these activities? Use the following scale:

0 = no control over management
1 = a small amount of control in management
2 = about half of management is under my control
3 = most of management is under my control
4 = total control over management

* Management means you make decisions and take action (planning, implementing & evaluating) when meeting your attendant care needs.

	Present Control	Desired Control
Transportation	______	______
Planning meals	______	______
Recreation	______	______
Grooming	______	______
Housekeeping	______	______
Toileting	______	______
Dressing	______	______

4. List three barriers to effective communication with attendants.

5. Describe ways to deal with one of the barriers.

6. You need an attendant to get you up in the morning. You ask a prospective attendant to help you in the following ways. Identify each communication as: aggressive (AG); passive (PA); or Assertive (AS).

______ "What are you doing in the morning? I am really in a bad way when my attendant can't come. Tomorrow is one of those days."

______ "My regular attendant can't come in the morning. Can you come over and get me up?"

______ "You aren't doing anything in the morning? I need you to get me up."

7. Prepare a short (5 item) newspaper advertisement recruiting an attendant to satisfy your attendant care needs.

8. List your resources for locating attendants.

9. List three questions you would want to ask prospective attendants when they are interviewing for the job.

10. Please list methods that are used to train attendants.

COMMUNITY COLLEGE PROJECT FOR SEVERELY PHYSICALLY DISABLED STUDENTS

Hank Graden, North Carolina Division of Vocational Rehabilitation Services

ABSTRACT

There are many unmet needs identified when attempting to vocationally rehabilitate severely physically disabled persons. One of the most glaring needs is the availability of post-secondary technical education.

Three organizations in North Carolina combined their resources to develop a program which includes an academic program; an architecurally accessible residence; rehabilitation support services including live-in attendants and medical supervision; vocational rehabilitation and special transportation. The North Carolina Division of Vocational Rehabilitation Services, Easter Seal and Sandhills Community College brought together the strengths of each organization to develop this unique program.

INTRODUCTION

North Carolina leads the nation in several areas of development relating to integrating severely physically disabled persons into mainstream activities. The 1973 Handicapped Section of the North Carolina State Building Code provided a dramatic impact on improving architectural accessibility throughout the State. Completion of five (5) comprehensive rehabilitation centers in the State has provided a ready source of medically oriented rehabilitation services for severely physically disabled persons.

In the past ten (10) years, the State Vocational Rehabilitation Agency has developed programs to increase the number of severely disabled persons rehabilitated including: an active program of residence modifications and job and work site modifications; encouragement of greater development of public transportation services for the mobility impaired; and improvements in private housing accessibility. The State Government has appropriated and expended funds to remove architectural barriers on campuses in the Consolidated University system. Other campuses have designed their new buildings to be architecturally accessible for the mobility impaired.

STATEMENT OF NEED

There remains a need to increase the training and education resources for severely physically disabled persons. Post-secondary academic institutions that offer a baccalaureate degree are available in increasing numbers throughout the State for some persons with mobility limitations. Resources for the physically disabled at a one or two year academic institution are limited. The person who is mobility impaired and needs special housing, adapted classrooms, assistance in carrying out studies and help in everyday living activities has great difficulty in finding that unique combination of services at a technical institute or community college campus.

HISTORY OF PROJECT

In 1975, Dr. Robert Urie, formerly of St. Andrews Presbyterian College, Laurinburg, North Carolina, proposed that Sandhills Community College in Southern Pines, North Carolina, develop an academic and support program for severely physically disabled students. He indicated that there were potential students applying to St. Andrews Presbyterian College who were not qualified to attend that school because of inadequate academic, social, and physical capacities. He also indicated that there were a substantial number of persons desiring a post high school education, but who did not want to set aside four years in order to complete a baccalaureate degree. Dr. Urie felt there was a sufficient number of severely physically disabled students who could benefit from specialized programs of education and support services similar to the St. Andrews Presbyterian College program, but at a technical institute or community college.

(The program at St. Andrews Presbyterian College includes a residential facility with full-time attendants and 24-hour nursing service. Other support services such as special transportation, readers, aides, and other resources are made available to the students.)

A cursory assessment of the number of potential State Vocational Rehabilitation Agency clients who could benefit from a specialized program of education and independent living resources was conducted in 1979. The survey of unit offices indicated there were over sixty (60) clients who could benefit from the program.

INTERAGENCY COOPERATION

Officials of the N. C. Division of Vocational Rehabilitation Services; Sandhills Community College, Southern Pines; and Easter Seal Society spent two years planning for the development of the specialized residential and support system at Camp Easter to combine with the academic program at Sandhills Community College. This project serves severely physically disabled persons, who because of the severity of physical disability and physical dependency, need a variety of supportive resources and are unable to attend community colleges or technical institutes in their home communities.

The combination of using a camp that serves physically handicapped persons during the summer months as a residence during the school year for students who are attending a community college provides a unique opportunity to help in the rehabilitation of this population.

Sandhills Community College provides the academic and support services for the physically disabled students and Easter Seal provides the adapted residential program, full-time live-in attendants and specialized transportation services. The Vocational Rehabilitation Agency provides the funding for their clients, recruitment and selection of students and other vocational rehabilitation services.

POPULATION TO BE SERVED

The population that has been served during the past year are severely physically disabled persons who need a variety of support services in order for them to function in an academic setting. The first priority was given to clients of the Division of Vocational Rehabilitation Services. Students were recruited and selected on a statewide basis. Veterans and other severely disabled persons were also recruited to participate in the program.

Persons qualifying for the program met at least two of the following criteria:

1 -Persons who have a mobility impairment which requires the assistance of a wheelchair, walker, crutches, or other assistive aids;

2 -Persons needing help in activities-of-daily-living including dressing, eating, bathing, and other areas of personal hygiene;

3 -Persons who need special transportation services such as lift equipped vehicles; and

4 -Persons who need assistance in getting around campus and handling the physical activities of meeting the academic requirements.

Students with an acute illness in addition to a handicapping condition were not accepted into the program. The program is intended to assist in the psychological adjustment process to physical disability, and some clients needed psychological counseling and support.

PERSONAL, ACADEMIC, VOCATIONAL CHARACTERISTICS OF PARTICIPANTS

Many severely physically disabled persons must dramatically change their lifestyle at the onset of their disability. Newly injured persons and particularly those with spinal cord injuries tend to be between the ages of 18 and 35 and are typically persons who are action oriented. Many of these people have not established strong academic and vocational preferences prior to their injury and thus must change their entire orientation toward the future. Rehabilitation professionals have traditionally guided these persons into baccalaureate degree programs both to improve their employability and skill and also to delay the ultimate decision of employment. The person who is encouraged to participate in four years of academic education and who had previously denied the need for such education has a dilemma. These persons may be more suitable for shorter term, one or two year vocational or academic programs available in technical institutes and community colleges.

Severely physically disabled persons encounter personal and environmental adjustment problems. Academic settings tend to provide a positive atmosphere to speed the adjustment process because of the accepting attitudes that usually prevail on an academic campus. The opportunity to resume previous life roles in society is offered to a handicapped person when they are participating in academic programs. There is a need for increased resources in independent living programs to bridge the gap from a rehabilitation hospital, extended care facility, or a person's home to community activities such as education, training or employment. Increasing a person's ability to live independently can be hastened by development of a support system that includes the components involved in this project, i.e., accessible housing, transportation and attendant care.

The types of disabilities served were:

A. 7 Quadriplegics from accidents
B. 2 Fredericks Ataxia (paraplegia)
C. 2 Spina bifida (paraplegia)
D. 2 Paraplegics (accident)
E. 2 Cerebral palsy (in wheelchairs)
F. 1 Head injury, hemiplegia, ambulatory

Fifteen (15) of the persons were in wheelchairs and one of those had an electric wheelchair.

Personal care attendants lived in the dormitories and assisted most of the students in activities-of-daily-living. All of the students were transported from the camp to the campus in a van equipped with a mechanical lift.

REPLICABILITY OF THE MODEL

The plan outlined in this document could be replicated in other locations throughout the United States. Many camps exist for handicapped persons but they go unutilized much of the year. Community and technical colleges are available in every state, with some being closely located to the residential camps.

The important elements in the model relates to the coordination of existing services and resources. Another overriding objective was to demonstrate a mode of interagency collaboration for the broadening of post-secondary education opportunity for the severely physically disabled.

COORDINATION OF SERVICES

Sandhills Community College employed a part-time project coordinator for the program. It was the person's responsibility to coordinate on-campus and interagency activities related to the project.

Additional coordination was handled through the State Office and Unit Office staff of the N. C. Division of Vocational Rehabilitation Services. The Deputy Executive Director from Easter Seal provided leadership and coordination from that Agency.

SERVICES AND RESOURCES

The primary agencies associated with this project have a myriad of resources and services to successfully deal with its complexities. Local community support services were also available.

Camp Easter - Easter Seal

Independent living units - Architecturally accessible dormitories were available at the Camp to house a maximum of fourteen (14) students/clients. The independent living units are winterized, have accessible showers and appropriate lighting.

Infirmary - The facility can house two staff and up to three sick persons. It is available for the resident nurse or nurses on contract with local health services to use in case of emergency or other health needs.

Lodge/dining room/food service facility - Current serving capacity is 125 persons.

Recreation hall - This building is a multi-purpose facility. It has study tables, accessible restrooms, pool tables, table tennis and other facilities. A television is available for leisure time viewing.

Student lounge - This facility has study tables, accessible restrooms and correct lighting for a study room. A television is available for viewing.

Paved parking areas and walkways - All of the living and recreation areas are joined with paved walkways and parking areas.

Outdoor recreation facility - A tennis court designed for wheelchair use, swimming pool, fishing and boating pond, riding stable, basketball court and other outdoor activities are available.

Transportation - A van with a mechanical lift is available to transport students to and from the campus or for other activities in the vicinity.

Aides and attendants - Two full-time live in attendants are available. Several other part-time persons provided attendant help also.

Drivers - Drivers for the adapted vans owned by Easter Seal are provided for transportation needs at the camp.

Sandhills Community College

Academic programs - The full range of academic programs available at the college are available to all who qualify within the target population.

Vocational-academic counselor - Vocational and academic counseling is provided on a regular basis to all students.

Student attendants and aides - The college helped in the identification and recruitment of aides and attendants to personally assist severely physically disabled students on campus. The attendants are paid by the Division of Vocational Rehabilitation Services. The attendants receive training at a nearby rehabilitation center to learn techniques of handling persons with physical disabilities as well as gaining a better understanding of the type of psychological support needed by the handicapped students. A comprehensive curriculum was developed for the students.

Transportation - One adapted vehicle is available at Sandhills Community College and can be used as a backup to the camp van.

Medical services - A local hospital is used to provide emergency medical care. First aid is available on campus.

Job development/placement - The staff at Sandhills Community College works jointly with the State Vocational Rehabilitation Counselor and other resources to develop job opportunities for the severely physically disabled students.

Curriculum - Total integration of the physically disabled students exists in the curriculum. A few modifications to classrooms were needed in individual cases and a modest amount of additional equipment was made available i.e., tape recorder, magnifying glass, page turners, etc.

Staff development and awareness - Instructors and other academic staff received in-service training relating to understanding the needs of the physically disabled.

Vocational Rehabilitation Services

Rehabilitation Counseling - A vocational counselor from the Unit Office is responsible for providing counseling to students.

Case service funds - Students eligible for vocational rehabilitation services received financial support to the degree that the counselor's budget could be used for the expenses of carrying out the residential and academic program. Case service funds from the Social Security Trust Fund and Supplemental Security Income budgets received priority during the first year.

Job development/placement - The individual resources of the vocational counselor as well as the entire State Agency were utilized to assist in job placement after the completion of an academic program. The State Agency vocational counselor worked cooperatively with Sandhills Community College on this activity.

Coordination - The unit manager and State Agency vocational rehabilitation counselor working with the project coordinated the information from community counselors and students referred to the program.

There are many other services that may be provided by the State Agency vocational rehabilitation counselor.

Community Support System

Medical support - Arrangements were made for a nursing backup system for the residential facility (Camp Easter) in the event that student residents became ill. Emergency procedures were set up at a local hospital to receive students who needed some type of acute medical care. An agreement with the local Emergency

Medical Service was set up for emergencies.

Community mental health services - Students needing supportive counseling and other psychological services beyond the level provided by Vocational Rehabilitation Services and Sandhills Community College were available in the local mental health clinic.

SUMMARY OF FIRST YEAR'S ACCOMPLISHMENTS

The success of the first year of the project was greater than was anticipated. Probably the most outstanding accomplishment of the entire year was the psychological strengths gained by the students. Several who had never lived away from home before shared an apartment during the summer and took classes at the community college. There were numerous other examples of moving to a greater level of independent living.

A group of the students in the project developed an organization on campus to provide greater services for disabled students. They frequently participated in general campus sports, cultural and social activities.

During the first year of operation from September 1980 May, 1981, there was a total of sixteen (16) individuals enrolled in the program. Three (3) had to drop out for medical reasons and two (2) left the program because of academic difficulties. Eight (8) of the original twelve (12) or 66 percent of the original group completed three (3) quarters of education. The accumulative grade point average of the group was 2.8 out of a 4.0 grading system.

The Division of Vocational Rehabilitation was the single funding agency with expenditures of $69,341.74 for the year. Most of the expenditures were for room and board ($36,520) and rehabilitation services ($29,718) to Easter Seal.

The medical diagnoses were varied with the following conditions represented: seven (7) quadriplegics from accidents; two (2) with cerebral palsy (in wheelchairs); and one (1) with a head injury. Fifteen (15) of the group were in wheelchairs.

Projections for the academic year 1981-82 are to have fourteen (14) students in the program. Eleven (11) will return and there will be three (3) new students. The anticipated cost per student for the 1981-82 will be $10,200. The Division of Vocational Rehabilitation has allocated $9,000 per student and the students will have to share in the additional costs.

Program and Participants

THE ACCESSIBLE INSTITUTION OF HIGHER EDUCATION: OPPORTUNITY, CHALLENGE AND RESPONSE

July 13-17, 1981

Sponsored by the Association on Handicapped Student Services Programs in Postsecondary Education

SATURDAY, July 11, 1981

Noon 9:00 pm AHSSPPE Executive Council Meeting

SUNDAY, July 12, 1981

9:00 am - 9:00 pm AHSSPPE Executive Council Meeting

MONDAY, July 13, 1981

9:00 am - Noon AHSSPPE Executive Council Meeting

11:00 am - 8:00 pm Conference Registration, Hospitality and Special Services

PRE-CONFERENCE WORKSHOPS

1:00 am - 5:00 pm (A) Life Safety on College Campus

JoAnne Simon, Director, Services for Students with Disabilities, George Washington University

Susan O'Hara, Coordinator, Physically Disabled Students Residence Program, University of California at Berkeley

3:00 pm - 5:00 pm (B) (P)review for the Conference: People, Places, Law, Jargon and AHSSPPE (or, "What is AHSSPPE and why does it have that name?")

Ronald E. Blosser, Coordinator, Specialized Student Services, Southern Illinois University at Carbondale

Richard Harris, Coordinator, Handicapped Services, Ball State University

THE CONFERENCE

MONDAY, July 13, 1981

7:00 pm - 8:30 pm Highlight Plenary Session

I. "Perspectives on Technology and Disabled People"

Moderator: Andrea Schein, Director, Disabled Student Center, University of Massachusetts/Boston

Paul J. Corcoran, M.D., Professor of Rehabilitation Medicine, Tufts University Medical School and Chief, Rehabilitation Medicine Service Boston Veterans Administration Medical Center

Robert W. Mann, Whitaker Professor of Biomedical Engineering, Massachusetts Institute of Technology

8:45 pm Reception

Hosted by Harvard University Program for the Handicapped and Massachusetts organizations for people with disabilities

TUESDAY, July 14, 1981

8:45 am - 10:10 am Concurrent Sessions

1. Attendant Care Management: Education for Disabled Students

Vicki Birdwell, Attendant Care Program, Coordinator, California State University, Northridge

Gail G. Fonosch, Ph.D., Associate Professor of Home Economics, California State University, Northridge

2. The Deaf Student in Postsecondary Education: Programming Remedial Language Needs, Interpreting Needs and the ASL/English Gap

Judy Davidson, Counselor, Program for Handicapped Persons, Community College of Philadelphia

Dianne Falvo, Coordinator, Interpreting Services, Community College of Philadelphia

Sharon Woltz, Acting Director, Program for Handicapped Persons, Community College of Philadelphia

3. Peer Counseling: Nobody Does It Better

Gail Uellendahl, Director of Special Services, Queens College

Amy Schechter, Career Counselor, Queens College

4. How to Survive a 504 Review

Scott J. Mueller, Equal Opportunity Specialist, Postsecondary Division, Office for Civil Rights, U.S. Department of Education

5. Able-Body Consciousness: Not for ABP's Only

Barbara Ramirez Davis, Assistant Coordinator, Handicapped Services, El Paso Community College

Reva Pleake, Specialist, Services for Handicapped Students, Eastfield College

10:10 am - 10:30 am Refreshment Break

10:30 am - Noon Keynote Plenary Session

Welcome

Rubin Russell, Conference Coordinator

Jan Huss, President, AHSSPPE

Greetings

Dr. Nancy E. Randolph, Special Assistant to the President and Coordinator of the Program for the Handicapped, Harvard University

Elmer C. Bartels, Commissioner, Massachusetts Rehabilitation Commission

Address

Independent Living: Campus and Community

Lex Frieden, Director, Independent Living Research Utilization Project, The Institute for Rehabilitation and Research, Houston Texas

Noon 1:30 pm Lunch, on own

1:30 pm - 3:00 pm Concurrent Sessions

6. Alcoholism, Drug Abuse and the Disabled College Student

Andrea Schein, Director, Disabled Student Center, University of Massachusetts/Boston

Bernice Schein, R.N., B.S.N., Psychiatric Nursing Instructor, Alcoholism Council of Schenectady County

Paul Rothfeld, Director, Cape Cod Alcoholism Intervention and Rehabilitation Unit, Inc. - Project for the Deaf

Claudia Gale, Student, University of Massachusetts/Boston

7. Developing Student Skills in Independent Living

Gwen H. Callas, Director, Handicapped Services, Kent State University

Barbara Hummel, University Coordinator, Access to Independence

Steve Dolan, Student, University of Massachusetts/Boston and Board of Directors, Boston Center for Independent Living

8. Empowering vs. Rescuing: Working with Disabled Students

Patti Hague, Community Outreach Specialist, Center for Education for Non-Traditional Students

9. Is There Life After Graduation? (Strategies for Career Services)

Jeffrey Lambert, Associate Director, Special Educational Services Program Long Island University, Brooklyn Center

Susan Phillips Cohen, CSW, ACSW, Coordinator of Transitional Services. Special Educational Services Program, Long Island University, Brooklyn Center

Diane Murray, Career Directions Coordinator, Special Educational Services Program, Long Island University, Brooklyn Center

10. The Life-Safety-on-Campus Game: How to Keep Disabled Students from Striking Out

Jo Anne Simon, Director, Student Special Services, Gallaudet College

Linda Donnels, Director, Services for Students with Disabilities, George Washington University

Susan O'Hara, Coordinator, Physically Disabled Student Residence Program, University of California at Berkeley

3:00 pm - 3:20 pm Break

3:20 pm - 5:00 pm Concurrent Sessions

11. Counseling the Students Going on to Graduate and Professional Schools

Dr. Martha Ross Redden, Coordinator, Project HEATH (Higher Education and the Handicapped), American Council on Education

David Young, Student, Ph.D. Program in Neurobiology, Harvard College of Medicine

Linda Fay, Third Year Medical Student, Harvard College of Medicine

Diane Merchant, Director, HEATH Project on The Disabled Person in Education, American Association of Colleges for Teacher Education

12. A Community College Program for Severely, Physically Disabled Persons: Residential, Vocational and Academic

Hank Graden, Specialist for the Physically Disabled, North Carolina Division of Vocational Rehabilitation Services

13. Skill Session in Volunteer Management

Moderator: Barbara Jean Fairbairn, Office of Programs for Students with Disabilities, SUNY at Binghampton

Anna Satkevich, Volunteer Coordinator, Voluntary Action Center, United Way of Massachusetts Bay

14. The 80's and Beyond: Treands, Projections and Planning for Access of Disabled Students (and Kicking the 504 Blues). A Working Session

Ron Blosser, Coordinator, Specialized Student Services, Southern Illinois University

Al DeGraff, Director, Disabled Student Services, Boston University

Victor Margolis, Director, Disabled Student Services, Nassau Community College

15. Disabled Students Coalition of the United States (DISCUS) - An Organizing Session

Facilitators:

Colleen Marie McCarthy, President, The SUNY/AB Independents, State University of New York at Buffalo

Eric Dahmer, B.A., Doctoral Candidate and Treasurer, The SUNY/AB Independents, State University of New York at Buffalo

5:00 pm - 9:00 pm Opening of Exhibit/Resource Area

5:00 pm - 7:00 pm Dinner, on own

7:00 pm - 8:30 pm Special Interests Session

(A) TRIO Programs

Convener: Robert Nathanson, Long Island University

(B) Deafness

Convener: Jimmie Joan Wilson, National Technical Institute for the Deaf

(C) Beginning Handicapped Services Programs

Convener: David W. Cover, Northern Kentucky University

(D) Minority Students

Conveners: Ann Williams Lemke, ElPaso Community College and Steve Simon, Director, Handicapped Student Services, Wright State University

(E) Learning Disabilities

Convener: Maria Bacigalupo, Curry College

(F) Council for Advancement of Standards for Student/Development Programs

Convener: Jan Huss, Iowa State University

(G) Disabled Students Coalition of the United States (DISCUS)

Convener: Colleen Marie McCarthy and Eric Dahmer, SUNY - Buffalo

9:00 pm State/Regional Receptions

Cash Bar and Light Refreshments

(A) California Association of Postsecondary Educators of the Disabled (CAPED)

(B) Massachusetts Association of Handicapped Student Service Programs in Postsecondary Education (MAHSSPPE)

(C) The Nation's Capital Area Disabled Student Services Coalition

WEDNESDAY, July 15, 1981

8:45 am - 10:10 am Concurrent Sessions

16. Providing Services on a Limited Budget for Learning Disabled Students

Marilyn M. Leach, Communications Services Coordinator, Rehabilitation Services, South West State University

17. Deaf Students' Perceptions of Tutoring/Notetaking: Description of the Program and Research Findings

Jimmie Joan Wilson, M.A., Coordinator, Tutor/Notetaker Training Program, National Technical Institute for the Deaf

18. Crisis Intervention Counseling: How Much Can (Should) You Do to Help?

Jane E. Jarrow, Ph.D., Assistant Professor/Speech Pathology, Speech and Hearing Sciences Section, The Ohio State University

19. Getting That Job: Concrete Steps Toward Gainful Employment

Debra Sampson, Career Advisor for Students with Disabilities, Career Planning and Placement Center, San Jose State University

Dinah Benveniste, C.R.C., Public Information Specialist, Mainstream, Inc.

20. The Rights of the Emotionally Disabled Student

Moderator: Andrea Schein, Director Disabled Student Center, University of Massachusetts/Boston

Meg Kocher, Project Director, Project in Self-Advocacy, Massachusetts Coalition of Citizens with Disabilities

Dr. Joseph Zabriski, Director, Section 504, Massachusetts Department of Mental Health

10:10 am - 1:30 pm Exhibit/Resource Area Open

10:10 am - 11:00 am Refreshment Break

11:00 am - Noon AHSSPPE Business Meeting

Noon - 1:30 pm Lunch, on own

1:30 pm - 3:00 pm Highlight Plenary Session

II. Testing of People with Handicapping Conditions: Science and Equity

Moderator: Peter A. McCabe, Senior Program Analyst, Program Review and Assistance Office for Civil Rights U.S. Department of Education

Susan W. Sherman, Ph.D., Study Director, Panel on Testing of Handicapped People, National Academy of Sciences

Marjorie Ragosta, Ph.D., Research Scientist, Educational Testing Service

3:00 pm - 4:30 pm Exhibit/Resource Area Open

3:00 pm Greater Boston/Cambridge Environs

THURSDAY, July 16, 1981

8:00 am - 1:30 pm Exhibit/Resource Area Open

8:00 am - 10:30 am Refreshments served in Exhibit Area

8:30 am - 10:30 am Expo: Exposition of Exemplary Programs

Selected programs from many colleges and universities will be presented.

10:30 am - Noon Highlight Plenary Session

III. How to Help Your Faculty Manage Support Services in the Classroom

Moderator: Dr. Fred L. Wilson, Professor, College of General Studies, Rochester Institute of Technology

Rhona Hartman, Director, HEATH/Closer Look Resource Center

Bertha Cutcher, Coordinator, Services for the Handicapped, SUNY-Buffalo

Neal Hoffman, M.P.A., Assistant to the President for Affirmative Action, SUNY Upstate Medical Center

Thomas Iten, Professor, College of Graphic Arts and Photography, Rochester Institute of Technology

Jane E. Jarrow, Ph.D., Assistant Professor/Speech Pathology, Speech and Hearing Sciences Section, The Ohio State University

Martha R. Redden, Ph.D., Director, Project on the Handicapped in Science, American Association for the Advancement of Science

Noon 1:30 pm Lunch on own

1:30 pm - 3:00 pm Concurrent Sessions

21. Using an Interpreter: A "How-to" Session for All Parties Involved

JoAnne Simon, Director, Student Special Services, Gallaudet College

John Raymer, Assistant Director, Student Special Services, Gallaudet College

22. Identification and Accommodation of the College-Qualified Learning Disabled Student

Maria Bacigalupo, Special Needs Instructor, Program of Assistance in Learning, Curry College

23. Establishing and Operating Equipment Repair Services on the College Campus

Ron Blosser, Coordinator, Specialized Student Services, Southern Illinois University

Sharon Van Meter, Coordinator, Services for the Handicapped, The University of Iowa

24. Meeting the Socialization Needs of Disabled Students

Leslie A. Corin, A.C.S.W., Clinical Social Worker, Pain Unit, New England Rehabilitation Hospital

Gene Williams, Peer Counselor and Doctoral Candidate, Future Studies Program, School of Education University of Massachusetts/Amherst

25. The Selection and Management of Assistive Devices: Sources, Resources and Control

Rhona Hartmen, Director, HEATH/Closer Look Resource Center

Margaret Rigg Myhre, M.L.S., Librarian for the Deaf, Oakland and San Francisco Public Libraries

Roy D. Nord, Co-Author, "Management of Accessibility for the Handicapped in Higher Education," and Research Associate, National Association of College and University Business Officers

3:00 pm - 5:30 pm Break

5:30 pm - 6:30 pm President's Reception Cash Bar

6:30 pm - 10:00 pm Grand Banquet

Awards and Recognition Dinner

Featured Presentation: "Scenes on a Carousel" performed by Next Move Unlimited, Boston, Massachusetts

FRIDAY, July 17, 1981

8:45 am - 10:10 am Concurrent Sessions

26. The Provision of Auxiliary Aids: Federal Policy and Court Cases

Moderator: Chet Avery, Director, Office of Handicapped Concerns, U.S. Department of Education

Sy DuBow, Legal Director, National Center for Law and the Deaf

Scott J. Mueller, Equal Opportunity Specialist, Postsecondary Division, Office for Civil Rights, U.S. Department of Education

27. Program Evaluation - Do's and Don'ts in Data Collection for Decision-Making

Emett Casey, Ph.D., Learning Resource/Program Manager, De Anza College

Catherine Campisi Johns, Ph.D., Research Specialist Resource Center for the Handicapped, San Diego Community College District

28. Sexual Counseling and Education for Disabled Students: A Look at Counseling Techniques and Alternatives

Maria Armstrong, M.A., Director, Disabled Persons Resource Center, University of Denver

Scott Manley, Ed.D., Craig Hospital

29. The Creation of the Professional Woman

Brenda H. Cooper, Program Director, Services for Disabled Students, Counseling and Human Development Center, University of South Carolina

30. W(h)ither Financial Aid and Vocational Rehabilitation?

Dr. Martha Ross Redden, Coordinator, Project HEATH Council on Education

10:10 am - 10:30 am Refreshment Break

10:30 am - 11:30 am Highlight Plenary Session

IV. The International Year of Disabled Persons

(A.) The Corporate Employment Outlook and the Xerox Program

Colone Pearson, Corporate EEO Manager, Xerox Corporation

(B.) The Outlook for Handicapped Services in the United States

Frank Bowe, Ph.D. United States Representative to the United Nations' International Year of Disabled Persons; and Founder and President, Frank Bowe Associates

11:30 am - Noon Closing Plenary Session

Tying the ribbon on AHSSPPE BOSTON '81 and saying "Hello, Columbus!"

Richard Harris, President-Elect, AHSSPPE

Jane E. Jarrow, Coordinator, 1982 Conference

CONFERENCE PARTICIPANTS

ALPHABETICAL BY STATE

ALASKA

Audrey Aanes
Director, Independent Options Now
Acc Bldg K Room 2156-2533 Providence Dr.
Anchorage, AK 99504

ARIZONA

Frank Barmettler
Director Student Services
Scottsdale Community College
9000 Chaparral
Scottsdale, AZ 85253
602-941-0999 ext. 270

David V. Palla
Director - P.H.A.S.E. II Project
Mesa Community College
1833 W. Southern
Mesa, AZ 85202
602-833-1261

ARKANSAS

James V. Waugh
Disabled Student Advisor
University of Arkansas
AU 114
Fayetteville, AR 72701
501-575-3104

CALIFORNIA

Virginia Aldape
Counselor, San Diego State University
Campus Lab School #110
San Diego, CA 92182
714-265-6473

Elizabeth Bacon
Coordinator, San Diego State University
San Diego, CA 92182
714-265-6473

Laurel Best
Director, Educational Services Center
Cypress College
9200 Valley View
Cypress, CA 90630
714-826-2220 ext. 215

Vicki Birdwell
Coordinator, Attendant Care Program
California State University, Northridge
18420 Vince-nes #115
Northridge, CA 91325
213-993-8625

Sharon Bonney
Director, Physically Disabled Students Program
U.C. Berkeley
2515 Channing Way
Berkeley, CA 94720
415-642-0518

Dr. Emmett Casey
Administrator-San Diego Community College
District - 10735 El Marbea Lane C
La Mesa, CA 92041
714-440-3526

Patricia Conklin
Coordinator, California State University
Northridge, CA 91330
213-885-2578

Gail G. Fonosch
Assoc, Prof. Home Economics
ESU, Northridge
P.O. Box 257
Northridge, CA 91324
213-885-3051

Adrienne Foster
Director, Compton College
1111 E. Artesia Blvd.
Compton, CA 90221
213-635-8081

Lynn Frady
Coordinator, Handicapped Student Services
Cuesta College
P.O. Box J
San Luis Obispo, CA 93406
805-544-2943

CALIFORNIA

Carol Goldstein
Director, Disabled Student Services
California State Polytechnic Univ.
3801 W. Temple
Pomona, CA 91768
714-598-4810

Jose J. Gonzales
Program Director, Disabled Student Services
California State University
5151 State University Drive
Los Angeles, CA 90032
213-224-3382

Deborah Graham
Instructor/Coordinator
Cypress College
9200 Valley View
Cypress, CA 90630
714-995-0255

Catherine Johns
Research Specialist
Resource Center/Handicapped
San Diego Community Colleges
3375 Camino del Rio South
San Diego, CA 92108
714-230 -2140

Martha Kanter
Student-San Jose City College
6012 Soquel Drive
Aptos, CA 95003
408-476-7400

Dr. Paul K. Miller
Director, Handicapped Student Services
California State University, Fullerton
800 North State College Blvd.
Fullerton, CA 92634
714-773-3117

Laura C. Moyles
Director Learning Disabilities
Cabrillo College
6500 Soquel Drive
Aptos, CA 95003
408-425-6220

Margaret Myhre
Librarian for the Deaf
Oakland & San Francisco Public Libraries
1890 Arch #103
Berkeley, CA 94709
415-841-8923

Joseph Najar
Coordinator, East L.A. College
1301 Brooklyn Ave.
Monterey Park, CA 91754
213-265-8785

Fran Newman
President, California Association
Postsecondary Educators of the
Disabled
1570 E. Colorado Blvd.
Pasadena, CA 91106
213-792-3307

Susan O'Hara
Coordinator, Residence Program
University of California @ Berkeley
2515 Channing
Berkeley, CA 94720
415-642-0518

Paula Paskov
Director, Handicapped Student Services
University of Southern California
SAC 101A
Los Angeles, CA 90007
213-743-5885

Debra Sampson
Career Advisor For Students With Disabilities
San Jose State University
842 Leigh Ave.
San Jose, CA 95128
408-947-7160

Gerald Scherba
Academic Vice President
California State College, San Bernadino
5500 State College Parkway
San Bernadino, CA 92407
714-877-7511

Beverly Schwarz
Coordinator, Disabled Student Services
California State University-Dominguez Hills
926 Stanley
Long Beach, CA 90804
213-438-5704

Patricia Sonntag
Director, Disabled Student Services
California State University, Sacramento
6000 G St. (SSC 101)
Sacramento, CA 95819
916-454-6955

Carol Stensrod
Professor, CSUC
Sierra Hall
Chico, CA 95926
916-895-4318

Anthony Tusler
Office for Students with Disabilities
Sonoma State University
Rohnert Park, CA 94928

Dr. Corinne Wilburne
Psychologist, California State University-
Northridge
3017 Santa Monica Blvd.
Santa Monica, CA 90404
213-828-3539

CANADA

Stan Checkley
Rehabilitation Program Consultant
Dept. of Adv. Ed & Manpower
Government of Alberta
6th Floor East Tower
Devonian Bldg.
Edmonton Alberta Canada T6J1A9

Gail Kenyon
Co-ordinator, Centre for Handicapped Students
York University
Room 135 B.S.B.
4700 Keele St.
Downsview, Ontario, Canada M3J1P3
416-667-3312

Ann Kerby
Co-ordinator Handicapped Services
Concordia University
7141 Sherbrooke W.
Montreal Quebec H4B1R6
514-482-0320

Yves Lague
Director, Administration
University of Montreal
2101 Edoward-Montpetit
Montreal, Canada H3C357
514-343-6721

J.L. Plamondon
Coordinator, Special Career Training & Services
Northern Alberta Institute of Technology
11762 - 106th St.
Edmonton Alberta, Canada T5GAR1

Jennifer Straw
Co-ordinator Centre for Handicapped Students
York University
Room 135 B.S.B.
4700 Keele St.
Downsview Ontario Canada M3J1P3
416-667-3312

Dick Varga
Co-ordinator, Services for Handicapped Students
University of Lethbridge
C630-4401 University Dr.
Lethbridge, Alberta Canada T1K3M4

COLORADO

Maria Armstrong
Director, D.P.R.C.
University of Denver
Penrose Library
Denver, CO 80208
303-753-2280

Rosemary Kreston
Director, Colorado State University
112 Student Service
Fort Collins, CO 80523
303-491-6384

Alida M. Loinaz
(Student Paraprofessional)
Colorado State University
2413 Clearview Ave.
Fort Collins, CO 80523
303-221-4228

Patricia Yeager
Manager, Disabled Student Services
Auraria Higher Education Center
Box 4615
Denver, CO 80204
303-629-3404

CONNECTICUT

Patricia Deak
Treasurer A.W.A.R.E.
136 Dwight St.
New Haven, CT 06510
203-789-0790

Jacqueline Jackson Harrison
Vice-President A.W.A.R.E.
175 Franklin St. B2
New Haven, CT 06511
203-776-6345

Barbara F. Lott
Coordinator, Library Services for the Disabled
University of Connecticut
U-5H
Storrs, CT 06268
203-486-4442

Rita Pollack
Co-Ordinator Special Student Services
University of Connecticut
Storrs, CT 06268
203-486-2020

Suzanne Tucker Reeves
Coordinator, Southern Connecticut State College
501 Crescent St.
New Haven, CT 06515
203-397-4362

FLORIDA

Louise Friderici
Coordinator for Handicappped Student Services
University of Central Florida
Orlando, FL 32816
305-275-2371

Melinda Fuller
Communications Instructor
TCC & FSU
1939 Portland Ave.
Tallahassee, FL 32303
904-488-5133 or
904-386-4243

FLORIDA

Lorna C. Hicks
Project Director
Career Development for the Handicapped
UCP of Florida, Inc.
3110 Jim Lee Rd.
Tallahassee, FL 32301
904-878-4820

Freda Marion
Voc. Ed/Specialist for the Handicapped
Valencia Community College
P.O. Box 3028
Orlando, FL 32802
305-299-5000 ext. 339

GEORGIA

Liz Jones
Consultant MCESA
2268 Adams Drive NW
Atlanta, GA 30318
404-352-2699

Carole Pearson
Asst. Dean
Georgia State University
University Plaza
402 Student Center
Atlanta, GA 30303
404-658-2206

Ann Winters
Career Development Center
980 South Cobb Drive
Marietta, GA 30064
404-427-4573

ILLINOIS

Ron Blosser
Coordinator, Specialized Student Services
Southern Illinois University @ Carbondale
Carbondale, IL 62901
618-453-5738

Sara Cowen
Educational Diagnostician
Educational Counseling Service
647 Logan Ave.
Geneva, IL 60134
312-232-2718

Carl Dean
Counselor, Triton College
2000 5th Ave.
Rivergrove, IL 60171
312-456-0300

Charlene Dwyer
Counselor, Waubonsee Community College
1712A Lakecliffe Drive
Wheaton, IL 60187
312-466-4811 ext. 320

Chris Ethier
Assistant Coordinator Specialized Student Services
Southern Illinois University @ Carbondale
Carbondale, IL 62901
618-453-5738

Dr. Kenneth Harris
Dean of Student Affairs
College of DuPage
Glen Ellyn, IL 60137
312-858-2800

Nancy J. Kasinski
Coordinator/Services for Hearing Impaired
Northern Illinois University
530 S. 3rd
DeKalb, IL 60115
815-758-8942

Wallie Mitchell
Instructional Assistant, Triton College
2000 5th Ave.
Rivergrove, IL 60171
312-456-0300

Coral L. Rice
Coordinator, Handicapped Services
Southern Illinois University @ Edwardsville
Box 25A
Edwardsville, IL 62026
618-692-2512

Dr. Judy Smithson
Coordinator of Services for the Handicapped
Illinois State University
Hovey Hall 301, ISU
Normal, IL 61761
309-438-8627

Tom Thompson
Coordinator, Disabled Student Services
Harpaer Community College
Algonquin & Roselle Rds.
Palatine, IL 60067
312-397-3000 ext. 266

INDIANA

Richard W. Harris
Director, Orientation Coordinator-Handicapped
Ball State University
B-1 Student Center
Muncie, IN 47306
317-285-5293

George Holland
Student, Indiana University
3326 N. Wallace
Indianapolis, IN 46218
317-542-1139

INDIANA

Stephen Rogers
Prof. Lib. St. Notre Dame
240 Tonti Ave.
South Bend, IN 46617
219-233-7084

IOWA

Harold Buris
University of Northern Iowa
Cedar Falls, IA
319-273-6437

Janet K. Huss
Coordinator Handicapped Student Services
206 Student Services
Ames, IA 50011
515-294-1020

Sharon Van Meter
Coordinator, Services for Handicapped
University of Iowa
305 Calvin Hall
Iowa City, IA 52242
319-353-6966

KANSAS

Linda DeMarais
Coordinator, Handicapped Student Services
Kansas City Kansas Community College
7250 State Ave.
Kansas City, KS 66112
913-334-1100

Ed Franklin
Director, Gallaudet College Extension Center
@ Johnson County Community College
12345 College @ Quisien
Overland Park, KS
913-541-3872

KENTUCKY

David Cover
Counselor, Northern Kentucky Univ.
BEP 209
Highland Heights, Kentucky 41075
606-572-5182

LOUISIANA

Ralph Gossard
Assistant Vice Chancellor for Student Affrs.
Louisiana State University
244 Thomas Boyd Hall
Baton Rouge, LA 70803
504-388-8497

MAINE

Veronica Barry
Counselor/Coordinator of Handicapped
Student Services
University of Maine
Onward Building, Flaggstaff Rd.
Orono, ME 04469
207-581-2551

MARYLAND

Donald Kinner
Mem. H.C. Affirm. Action
David Taylor Naval R & D
Carderock Code 1576
Bethesda, MD 20084
202-227-1336

Paul Meyer
c/o DTNSRDC
Human Resources Dev. Div.
Code 7030
Bethesda, MD 20084

Dr. Doris Mosley
Program Analyst PHS, HRA
3700 East-West Highway
Hyattsville, MD 20782
301-436-7222

Bill Scales
Director, Disabled Student Services
University of Maryland
Room 0126
Shoemaker Building
College Park, MD 20742
301-454-5028

MASSAC[illegible]TTS

Craig Andersen
Coordinator, Services for the Deaf
Northeastern University
360 Huntington Ave.
Boston, MA 02115
617-437-2675

Paul R. Appleby
Coordinator, Handicapped Student Affairs
University of Mass. Amherst
231 Whitmore
Amherst, MA 01003
413-545-0892

Maria Bacigalupo
Instructor, Curry College
Blue Hill Ave.
Milton, MA 02186
617-333-0500 ext. 247

G. Ruth Kukiela Bork
Dean & Director, Northeastern University
360 Huntington Ave.
Boston, MA 02115
617-437-2675

MASSACHUSETTS

Linda Budd
North Shore Community College
3 Essex St.
Beverly, MA 01915

Dr. Mark Byers
Career Counselor
Harvard Law School
P 308
Cambridge, MA 02138
617-495-2967

Nancy Clay
Staff Assistant, Veteran/Handicapped
Student Services
Bridgewater State College
Maxwell Library
Bridgewater, MA 02324
617-697-8321

Elizabeth Coyne
Director of Counseling
Northern Essex Community College
1039 Mass. Ave.
Cambridge, MA 02138
617-354-2764

Alfred De Graff
Director, Disabled Student Services
Boston University
775 Commonwealth Ave. Rm. 411
Boston, MA 02215
617-353-3658

James J. Durant
Counselor, University of Mass.
231 Whitmore Building
Amherst, MA 01003
413-545-0892

Omar Foote
Student, Mount Wachusett Community College
209 Conant St.
Gardner, MA 01440
617-632-2276

June Foster
Director, TERC Special Needs Center
44 Brattle St.
Cambridge, MA 02138
617-547-0430

Joyce T. Gibson
Dean of Students
Clark University
950 Main St.
Worcester, MA 01610
617-793-7549

Melinda J. Goding
Research Assoc. U. Mass./ Boston
100 Arlington St.
Boston, MA 02125
617-287-1900 ext. 323

Richard Grant
Coordinator of Career Planning
Stonehill College
Washington St.
North Easton, MA 02356
617-238-1081

Barry Gray
Organization for Disability Awareness
c/o Office of Counseling & Student Development
Bentley College
Waltham, MA 02254
617-891-2265

William Gross
25 Magner Rd.
Lynn, MA 01905
617-599-2161

Diana Hamilton
c/o Student Affairs Office
Wheelock College
200 The Riverway
Boston, MA 02215
617-734-5200 ext. 117

Shirley Harrell
Director of Affirmative Action
Emerson College
148 Beacon St.
Boston, MA 02116

Sandra Huban
Health Counselor, Quinsigamond Community College
670 W. Boylston St.
Worcester, MA 01606
617-853-9487

Barbara Johnson
Ed. Coor., S.A.V.E.
Bristol Community College
64 Durfee St.
Fall River, MA 02720
617-678-2811

Carole Johnson
Assistant, Coordinator Handicapped Services
Southeastern Massachusetts University
881 Hillman St.
New Bedford, MA 02740

Stephen Jordan
c/o University of Mass.- Amherst
231 Whitmore
Amherst, MA 01003
413-545-0655

Paul Kahn
Grad Assistant, Northeastern University
160 Stanton Ave. Apt. 230
Auburndale, MA 02166
617-964-0208

MASSACHUSETTS

Stephen Kane
Student Employment Work-Study Coordinator
Boston University-881 Commonwealth Ave.
Boston, MA 02215
617-353-3596

Claire Karten
Coordinator, Office of Handicapped Services
Southeastern Mass. University
59 Whiteweed Drive
North Dartmouth, MA 02747
617-996-0888

Cindy LaBoffa
Student, Mount Wachusett Community College
10 Phillips Rd.
Rutland, MA 01543
617-886-6471

Norman Landry
Dean of Student Services
Northern Essex Community College
Haverhill, MA 01830
617-374-0721

Janice LeClair
Resource Coordinator
Mt. Wachusett Community College
182 State Rd. W.
Westminster, MA 01473
617-632-6888

Veronica Leona
Coordinator, Department of Coop. Ed.
Northeastern University
P.O. Box 746
Boston, MA 02117
617-437-3471

Paul Logan
President, Organization for Disability Awareness
c/o Office of Counseling & Student Development
Bentley College
Waltham, MA 02254
617-891-2265

Cheryl Macomber
Northern Essex Community College
69 Kimball St.
Bradford, MA 01830

Maureen Marinelli
Rehab. Counselor
1830 Hyde Park Ave.
Readville, MA 02136
617-361-1652

Julie Matias
Coordinator, Handicapped Services
Assumption College
Eugenia St.
New Bedford, MA 02747

Patrick McAvoy
Organization for Disability Awareness
c/o Office of Counseling & Student Development
Bentley College
Waltham, MA 02254
617-891-2265

William F. McNary, Jr.
Associate Dean
B.U. School of Medicine
80 E. Concord St.
Boston, MA 02118
617-247-6058

Laurie Misiaszek
Student, Mount Wachusett Community College
Cove St.
East Brookfield, MA 01506

Ann F. Morgan
Asst. Dean of Students
Boston College
Chestnut Hill, MA 02167
617-969-0100 ext. 3470

Dorothy L. Moser
Consultant/Admin. Assistant
Harvard University
967 Holyoke Center
Cambridge, MA 02138
617-495-1540

Liz Neault
Assistant Director
Northeastern University
360 Huntington Ave.
Boston, MA 02115
617-437-2675

Barbara Nygard
Mount Wachusett Community College
1724 Main St.
Jefferson, MA 01522

Brenda Oyer Szabo
Planning Officer, Harvard University
Holyoke Center
1350 Mass Ave.
Cambridge, MA 02138
617-495-2234

Camille Petracca
Counselor, STCC
Armory Square
Springfield, MA 01105
413-781-7822 ext. 3884

David Pfeiffer
Professor, Suffolk University
Beacon Hill
Boston, MA 02114
617-723-4700

MASSACHUSETTS

Bill Pollard
Assistant Director,Disabled Student Center
Univ. Mass./Boston
208 Winthrop Rd.
Brookline, MA 02146
617-734-6492

Annamarie Pultorek
Student,Quinsigamond Community College
256 North Main St.
Milbury, MA 01527
617-865-3855

Linda Rodgers
Counselor, Bentley College
Office of Counseling & Student Development
Waltham, MA 02254
617-891-2265

Terri Romanovitch-Caron
Director, S.A.V.E.
Bristol Community College
64 Durfee St.
Fall River, MA 02720
617-678-2811

Mark Rosen
Secretary/Treasurer Organization for
Disability Awareness
c/o Office of Counseling & Student
Development-Bentley College
Waltham, MA 02254
617-891-2265

Ellen L. Rubin
c/o Boston University
Disabled Student Services Office
775 Commonwealth Ave. Rm. 411
Boston, MA 02215
617-353-3658

Rubin Russell
Conference Coordinator
Northern Essex Community College
Handicapped Services Office
Haverhill, MA 01830
617-373-1720

Merle M. Ryan
Student-University of Mass./Amherst
106 Kelly Drive
West Springfield, MA 01089
413-737-1680

Andrea Schein
Director, Disabled Student Center
University of Mass. Harbor Campus
Boston, MA 02125
617-287-1900 ext. 2922

Deb Scholten
Organization for Disability Awareness
c/o Office of Counseling and Student Development
Bentley College
Waltham, MA 02254
617-891-2265

Ethel Shepard-Powell
Acting Director, Office of Civil Rights
Department of Education
140 Federal St.
Boston, MA 02110
617-223-4624

Sandy Signor
Coordinator, Handicapped Services
Mount Wachusett Community College
444 Green St.
Gardner, MA 01440
617-632-6600

Robin L. Sobelman
Counselor, Educational Opportunity Center
10 First St. S-218
Salem, MA 01970
617-744-6251

Dr. Louise Pitts Stowe
504 Coordinator,
Worcester State College
Worcester, MA 01602
617-752-7700

Walter Swett Jr.
Director of Alc Ed
North Central Alcohol Service
24 Croydon Rd.
Worcester, MA 01606
617-853-0171

Elaine L. Tarbox
Tutor N.S.C.C.
261 Newbury St. #112
Peabody, MA 01960
617-535-4792

Mary D. Upton
Dean of Students
Harvard Law School
ILS 208
Cambridge, MA 02138

Rosanna Woodmansee
Intake Coordinator,Boston Center
Independent Living
50 New Edgerly Rd.
Boston, MA 02115
617-536-2187

Jean Brennan Woods
Director, Gaulladet College Extension Ctr.
9 Temple Place
Andover, MA 01810
617-475-6958

MICHIGAN

Ann M. Beyke
Outreach Specialist, Delta College
1204 Elm St.
Bay City, MI 48706
517-686-7056

MICHIGAN

Judith M. Boyer
Director, Student Learning Center
St. Clair County Community College
323 Erie
Port Huron, MI 48060
313-984-3881

Rose M. Friesorger
Asst. Prof. Nursing Division
Delta College
University Center, MI 48710
517-792-8295

Eric Gentile
Asst. Director Handicapper Services
Michigan State University
W 409 Library
East Lansing, MI 48824
517-353-9642

Gay Heidt, OTR
Wayne State University
25749 Farmington
Farmington Hills, MI 48018
313-474-9290

Larry Hert
Asst. Prof. English
Delta College
University Center, MI 48710
517-686-9017

Judith C. Kienitz
Coordinator, Handicapped Student Programs
G.R. Junior College
143 Bostwick NE
Grand Rapids, MI 49503
616-456-4263

James Kubaiko
Director, Disabled Student Services
University of Michigan
15102 Piedmont
Detroit, MI 48223
313-272-1915

Joyce Monte
Inst. Spec., Macomb County Community College
Garfield Rd.
Mt. Clemens, MI 48044
313-286-2237

Virginia E. Norton
Director Handicapper Student Services
Western Michigan University
2420 Student Services Building
Kalamazoo, MI 49008

Chris O'Malia-Oster
Faculty Specialist,
Handicapper Services
Michigan State University
E. Lansing, MI 48824
517-353-9642

Frederick Sanderson
Faculty Specialist, MSU Handicappers Serv.
Michigan State University
W402 Library
E. Lansing, MI 48824
517-353-9642

Judy K. Taylor
Director, Handicapper Services/MSU
Michigan State University
W402 Library
East Lansing, MI 48824
517-353-9642

Susan L. Thompson
Program Associate, University of Michigan
Affirmative Action Office
108 Fleming Admin. Bldg.
Ann Arbor, MI 48109
313-764-3423

MINNESOTA

Jerry Bergdahl
Resource Specialist
Center for Education for Non-Traditional Students
3130 Grimes No.
Robbinsdale, MN 55422

Barbara Blacklock
Div. of Voc. Rehab. Liason
University of Minnesota
Room 7 Morrill
100 Church St.
Minneapolis, MN 55455

Susan Boinis
Interpreter/Instructor
St. Paul (MN) Voc. Tech. Inst.
844 Grand Ave.
St. Paul, MN 55105
612-227-4290

William Ebert
Director, Special Services
Saint Mary's College
Terrace Heights
Winona, MN 55987
507-452-4430 ext. 418

Allen Greenbaum
Director, Supportive Services Program
University of Minnesota-Duluth
L 134
Duluth, MN 55812
218-726-8725

Patti Hague
Community Outreach Specialist
Center for Education for Non-Traditional Students
3130 Grimes Ave. N.
Robbinsdale, MN 55422
612-588-5141

MINNESOTA

Judith A. Ingram
Counselor, Special Services Program-Minneap.
Minneapolis, MN 55407 Comm. Coll.
612-341-7590

Laurie Lee Johnson
Grad Student
Reading & Study Skills Specialist/
Hearing Impaired Students
University of Minnesota
414-7th Ave. SE #C-300
Minneapolis, MN 55414
612-373-3714

Kathy Lancette
Coordinator, Services for Handicapped
Students- Augsburg College
731 21st Ave. So.
Minneapolis, MN 55454
612-330-1140

Marilyn M. Leach
Coordinator Community Services
Southwest State University
408 N. 5th St.
Marshall, MN 56258
507-537-6169

Cathy Redd
Instructor/Counselor
University of Minnesota
N105 Elliott Hall
Minneapolis, MN 55455
612-373-3714

James A. Shearer
504 Compliance Coordinator
University of Minnesota-Duluth
Plant Services Department
245 Adm. Bldg.
Duluth, MN 55812
218-726-8198

MISSOURI

Dr. Stan Burgess
Director, Handicapped Student Services
Southwest Missouri State University
901 S. National
Springfield, MO 65802
417-836-5972

Anne G. Edwards
GHP Librarian
University of Missouri
3B33 Ellis Library
Columbia, MO 65201
314-882-6824

Maggie Glad
Counselor, Meramac Community College
Junior College District
St. Louis, MO 63130
314-862-7634

Donna Phillips
Coordinator, Access Office
University of Missouri
126 Gentry Hall
Columbia, MO 65201

Patrick Sellner
Job Placement Specialist
St. Louis Community College @
Floassant Valley
3400 Pershall Rd.
St. Louis, MO 63135
314-595-4471

Marilyn Sneed
Coordinator Disabled, Minority & Internat'l
Students
University of Missouri-St. Louis
8001 Natural Bridge Rd.
St. Louis, MO 63121
314-553-5211

MONTANA

Roger B. Miller
President, Mt. Coalition of Hand. Inc.
3824 Mount
Missoula, MT 59801
406-549-7074

NORTH CAROLINA

Hank Graden
Specialist for the Physically Disabled
N.C. Dev. of Voc. Rehab.
1200 Brucemont
Gardner, NC 27529
919-733-5920

Ross A. Griffith
Director of Equal Opportunity
Wake Forest University
7613 Reynolds Sta.
Winston-Salem, NC 27109
919-761-5766

Lynn Hayes
Interpreter/Counselor
Lenoir-Rhyne College
1445 4th St. Dr. N.W. #59
Hickory, NC 28601
704-327-4967

Treva J. Haynes
Educational Specialist
East Carolina University
A-114 Brewster,ECU
Greenville, NC 27834
919-757-6729

Laura Thomas
Coord. for Handicapped Student Services
University of North Carolina @ Chapel Hill
05 Steele
Chapel Hill, NC 27514
919-966-4041

NORTH DAKOTA

Kayet Becker
Director, Disabled Student Services
University of North Dakota
915 Oakfield
Grand Forks, ND 58201
701-772-8552

NEW HAMPSHIRE

Alice Crow-Seidel
Coordinator, H.S.S.
University of New Hampshire
Hewitt Hall
Durham, NH 03824

NEW JERSEY

Isabel Bogorad Fleiss
Executive Director,
The Phone Porver Program
PO Box 3034
Wayne, NJ 07470
201-956-1085

Carol Giroud
Coordinator of Handicapped Student Affairs
Monmouth College
West Long Branch, NJ 07764
201-222-6600

Sue Lazzarotti
Counselor for Disabled Students
Middlesex County College
Mill Road
Edison, NJ 08818
201-548-6000 ext. 373

Sandra J. Polk
Associate Program Director
Educational Testing Service
Princeton, NJ 08541
609-734-5015

Marjorie Ragosta
Research Scientist
Educational Testing Service-2652 Princeton
Lawrenceville, NJ 08648 Pike
609-883-0570

Barbara Rivlin
Coordinator, Office of the Handicapped
Teachers College
32 Benjamin Rd.
Tenafly, NJ 07670
201-567-1923

Phyllis Zadra
Student, Teachers College
574 Green Lane
Rivervale, NJ 07675
201-666-5175

NEW YORK

Judy Abelman
Coordinator of Programs for the Handicapped
University of Rochester
Psych. 226
Rochester, NY 14627

Barry W. Atkinson
Coordinator, Disabled Student Services
State University of New York @ Oswego
501 Culkin Hall
Oswego, NY 13126
315-341-2240

Joseph Avery
Chairperson, Department of Ed. Support
Services Training
National Technical Institute for the Deaf
1 Lomb Memorial Drive
Rochester, NY 14623
716-475-6431

Phyllis Bader-Borel
Associate for Student Services
State University of New York Central Admin.
State University Plaza
Albany, NY 12246
518-473-1329

Marty Ball
Student, Dutchess Community College
Hunn's Lake Rd.
Stanfordville, NY 12581
914-868-7405

Nancy Belowich
Asst. Dean State University of New York @
Albany - 1400 Washington Ave.
Albany, NY 12222
518-438-5312

Philip D. Benson
Director of Handicapped Student Services
Columbia University
213 Low Library
NY, NY 10027

Ester Bivona
Director, HERE Project
169 Southdown Rd.
Huntington, NY 11743
516-673-8377

Frank Bowe, Ph.D.
President, Frank Bowe Associates
651 Peninsula
Woodmer, NY 11598
516-374-5847

Bertha N. Cutcher
Coordinator, OSH, SUNY/B
149 Goodyear Hall
3435 Main St.
Buffalo, NY 14214
716-831-3126

NEW YORK

Tony Serra
State University of New York
Buffalo, NY 14214
716-831-2580

Kathleen Donovan
Coordinator for the Disabled
Cornell University
217 Day Hall
Ithaca, NY 14853
607-256-3976

B. Jean Fairbairn
Coordinator, Office of Programs for
Students with Disabilities
SUNY - Binghamton
Binghamton, NY 13901
607-798-2686

Patrick J. Francher
Coordinator of Services for
Students with Special Needs
Onondaga Community College
Rte. 173
Syracuse, NY 13215
315-469-7741 ext. 245

Howard Himelstein
Chairperson, Community Mental Health
Dutchess Community College
Pendell Rd.
Poughkeepsie, NY 12601

Florence Hoffman
Special Ed. Teacher
Syracuse City Schools
311 Hillsboro Parkway
Syracuse, NY 13214
315-445-0254

Neal Hoffman
Affirmative Action Officer
SUNY Upstate Medical Center
155 Elizabeth Blackwell St.
Syracuse, NY 13210
315-473-4513

Barry Honig
Columbia University
213 Lowe Library
NY, NY 10027

Doris Jamison
Affirmative Action Coordinator
Office of Vocational Rehabilitation
99 Washington Ave.
Albany, NY 12234
518-474-3060

Haines W. Jamison
National Rehabilitation Association
2727 Balltown Rd.
Schnectady, NY 12309
518-370-4473

Patricia Kaylor
Chair, Comm. on the Handicapped
Adelphi University
Dept. of P.E.
Garden City, NY 11536
516-294-8700 ext. 7358

Jeffrey Lambert
Associate Director, Special Ed. Services Program
Long Island University
University Plaza
Brooklyn, NY 11201
212-834-6045

Jeanne LeBlanc
Project Counselor
Barnard College
606 W. 120th St.
NY, NY 10027

Lynda Leonard
Program Director, UCP Center for the Disabled
Box 134
Voorheesville, NY 12186
518-765-4506

William Linich
Student Chairman, Dutchess Community College
Handicapped Students Organization
50 Noxon St.
Poughkeepsie, NY 12601

Dr. V.H. Margolis
Coordinator, Services for Disabled Students
Nassau Community College
Stewart Ave.
Garden City, NY 11530
516-222-7138

Colleeen McCarthy
President, The Independents
State University of New York @ Buffalo
121 Squire Hall
Main Street Campus
Buffalo, NY 14214
716-831-2580

Susan Melvoin
Project Assistant
Office for Disabled Students
Barnard College
Columbia University
606 West 120th St.
NY, NY 10027

Robert Nathanson
Director, Special Ed. Services Program
Long Island University
Univerisity Place
Brooklyn, NY 11201
212-834-6045

Ray Ozarow
Program Consultant, UCPA, Inc.
66 E. 34th St.
NY, NY 10016
212-481-6353

NEW YORK

Merrill D. Parra
Director Homebound Program
Queensboro
Byasie, NY 11364
212-631-6397

Suzanne E. Passamenti
Asst. Dean of Students
Hofstra University
Student Center Room 107
Hempstead, NY 11550
516-560-3230

Diane Perreira
Director, Special Services
Marist College
82 North Rd.
Poughkeepsie, NY 12601
914-471-3240 ext. 374

Susan Quinby
Associate Director, Office for Disabled Students
Barnard College-Columbia University
128 Washington Place
New York, NY 10014
212-691-9785

Mark Rosica
Rehabilitation Counselor-214 Thurber St. Apt. 1
Syracuse, NY 13210
315-475-0413

Lenore Rosica
Student, SUNY AB
4855 East Ave.
Clarence, NY 14031
717-759-6875

Monica Roth
Director, SUNY @ StonyBrook
StonyBrook, NY 11794
516-246-6051

Julia Schechter
Senior Counselor
NYS Advocate for the Disabled
2 World Trade Center Room 3712
NY, NY 10047
212-938-0186

Thomas Schoenherr
Services Coordinator, Office of Disabled
Student Services/New York University
566 LaGuardia Place Rm. 701
NY, NY 10012
212-598-3320

Mark Schork
Coordinator for Handicapped Student Services
SUNY @ Brockport
Brockport, NY 14420
716-395-2711

Rita Star
Specialist for the Handicapped
Rensselaer Polytechnic Institute
Rennselaer Union
Troy, NY 12181
518-270-6479

Michael Stinson
Research Associate
National Technical Institute for the Deaf
Rochester, NY 14623
716-475-6598

Anita Tritell
Assoc. Dean Student Development
SUNY @ Farmingdale
Adm. Bldg.
Farmingdale, NY 11735
516-420-2450

Gail Uellendahl
Director of Special Services, Queens College
451 Fulton Ave. #330
Hempstead, NY 11550
212-520-7636

Fred L. Wilson
Professor, National Technical Inst. Deaf
Rochester Inst. Tech.
1 Lomb Memorial Drive
Rochester, NY 14623
716-475-6204

Jimmie Wilson
Doord., T/RTP
National Tech. Institute for the Deaf
1 Lomb Memorial Drive
Rochester, NY 14623
716-475-6493

OHIO

Leon Bayless
Director of Counseling @ Capital Univ.
Columbus, OH 43201

Gwenn Callas
Coordinator, Kent State University
102 Administration Building
Kent, OH 44242
216-672-3391

Joanna Gartner
Attendant Program Counselor
Kent State University
102 Administration Building
Kent, OH 44242
216-672-3391

Jane Jarrow
Asst. Professor
Ohio State University
318 Derby - 154 N. Oval Mall
Columbus, OH 43210
614-422-6251

OHIO

Edward C. Keiser
Director, Handicapped Student Services Office
University of Cincinnati
101 Beecher #213
Cincinnati, OH 45221
513-475-2572

Susan Kessler
Coordinator, Handicapped Student Services
Miami University
Room 30 Warfield Hall
Oxford, OH 45056

Warren King
Director, Disability Services
Ohio State University
1971 Neil
Columbus, OH 43210
614-422-3307

Dick Maxwell
Asst. Director Disability Services
Ohio State University
1971 Neil Ave.
Columbus, OH 43210
614-422-3307

William Otis
Coordinator-Hearing Impaired
Columbus Technical Institute
550 E. Spring St.
Columbus, OH 43230
614-227-2563

Vince Pelose
Program Officer for the Disabled
Kent State University
6th Floor Wright Hall
Kent, OH 44242
216-672-2360

Steve Simon
Director, Handicapped Student Services
Wright State University
Dayton, OH
513-873-2141

Linda Wetters
Coordinator Visually/Mobility Impaired
Columbus Technical Institute
550 E. Spring St.
Columbus, OH 43216
614-227-2571

Kathleen White
Supervisor Handicapped Services
Columbus Technical Institute
550 E. Spring St.
Columbus, OH 43216
614-227-2570

OKLAHOMA

Dolores Mann
Director, Services for Students
with Disabilities
Oral Roberts University
7777 S. Lewis
Tulsa, OK 74171
918-492-6161 ext. 2364

PENNSYLVANIA

Joan Austin
Director, Office for the Disabled
Temple University
1828 Park Mall
Philadelphia, PA 19122
215-787-8350

Judy Davidson
Counselor, Community College of Philadelphia
34 S. 11th St.
Philadelphia, PA 19107
215-972-7313

Beth Doyle
Asst. Director of Special Services
Community College of Allegheny
808 Ridge Ave.
Pittsburg, PA 15212
412-321-3001/3002

Thomas J. Fox
Doordinator for State Schools
Department of Education
Bureau of Ed. Field Services
P.O. Box 911
333 Market St.
Harrisburg, PA 17108

Tom Galante
Coordinator, Disabled Student Services
University of Pittsburgh
515 Schenley
Pittsburgh, PA 15260
412-624-6738

Marty Grasley
938 S. Sparks St.
State College, PA 16801
814-238-1452

Brenda G. Hameister
Coordinator of Services for Handicapped
Students - Penn. State University
135 Boucke Bldg.
University Park, PA 16802
814-863-2020

Sally Johnson
Coordinator-Programs for the Handicapped
University of Pennsylvania
3537 Locust Walk
Philadelphia, PA 19104
215-243-6993

PENNSYLVANIA

Sally Kneipp, Ph.D.
Assistant Professor, Temple University
13th & Columbia
Philadelphia, PA 19122
215-787-7331

Cecile Lee
Director of Handicapped Services
Northampton County Community College
3835 Green Pond Rd.
Bethlehem, PA 18018

Joel Rodney
Dean, Widener College
Chester, PA 19013
215-499-4107

Theresa Wannop
Achilles Club President
Montgomery County Community College
340 DeKalb Park
BlueBell, PA 19422

John P. Ward
Counselor, Westmoreland County
Community College
College Station
Youngwood, PA 15697
412-925-4140

Leslie Zuidema
Administrative Assistant Student Affairs
Penn. State University
Capital Campus
Middletown, PA 17057
717-948-6016

RHODE ISLAND

Julie White
Asst. Director Special Services
Community College Rhode Island
Louisquisset Piber
Lincoln, RI 02865

SOUTH CAROLINA

Brenda H. Cooper
Program Director, Disabled Student Services
Counseling Cebters,USC
1321 Pendleton St. Suite 103
Columbia, SC 29208
803-777-6744

TENNESSEE

Martha R. Bryan
Director, Handicapped Student Services
University of Tennessee
900 Volunteer
Knoxville, TN 37916
615-974-6087

Pat Pierce
Assistant Director, Opportunity
Development Center
Vanderbilt University
Box 1809, Station B
Nashville, TN 37240
615-322-4705

Dona Sparger
Director, Handicapped Student Services
Memphis State University
Scates Hall 215
Memphis, TN 38152
901-454-2880

TEXAS

Mac Brodie
c/o Lex Frieden
9667 Meadowvale
Houston, TX 77063
713-781-8949

Melissa Cassel
9667 Meadowvale
Houston, TX 77063
713-781-8949

Barbara Davis
Assistant Coordinator, HC Services
El Paso Community College
P.O. Box 20500
El Paso, TX 7998
915-594-2426

John G. Flowers III
Training Officer, Texas Rehab. Commission
118 East Riverside Drive
Austin, TX 78704
512-447-0241

Lex/Joyce Frieden
9667 Meadowvale
Houston, TX 77063
713-781-8949

Ann Lemke
Coordinator, HC Services
El Paso Community College
P.O. Box 20500
El Paso, TX 79998
915-594-2426

David A. McKay
Coordinator of Special Student Services
Austin Community College
P.O. Box 2285
Austin, TX 78768
512-476-6381 ext. 583

Ron Trull
Program Specialist
Texas Rehabilitation Commission
118 East Riverside
Austin, TX 78704
512-447-0282

Jacque Zunker
Interpreter-Coordinator, San Antonio College
1194 North Madeline St.
New Braunfels, TX
512-734-9343

UTAH

UTAH

Chris Leghorn
Student, University of Utah
20 West Canal St. Apt. 409
Ulinoaski, UT 05404

VERMONT

Nancy Oliker
Specialized Student Services
University of Vermond
146 S. Williams
Burlington, VT 05405
802-656-3340

Paula Oppenheim
Specialized Student Services
University of Vermont
146 S. Williams
Burlington, VT 05405
802-656-3340

VIRGINIA

Thomas C. Kellen
Counselor, Disabled Student Services
Thomas Nelson Community College
P.O. Box 9407
Hampton, VA 23670
804-825-2827

Ellen D. Pearson
Asst. Dean Student Affairs
VA Commonwealth University
913 W. Franklin
Richmond, VA 23284
840-257-1643

Jennifer Rugel
Coordinator Handicapped Student Services
George Mason University
4400 Braddock Rd.
Fairfax, VA 22030
703-323-2134

Wayne E. Speer
Assistant EO/AA Officer
Virginia Tech.
Smith House
Blacksburg, VA 24061
703-961-7500

Dr. E.C. Westhead
Director, Learning Needs & Evaluation Ctr.
University of Virginia
123 Ruffner
Charlottesville, VA 22903
804-924-7461

Stanley Zoltek
Asst. Prof. Math
George Mason University
Dept. Math
Fairfax, VA 22030
703-323-2262

WASHINGTON, D.C.

Dinah F. Benveniste
Information Specialist, Mainstream, Inc.
1200 15th St. NW
Washington, D.C. 20005
202-833-1136

Martha J. Bridgeforth
Director, Office of University Compliance
University of the District of Columbia
4200 Connecticut Ave. N.W.
Washington, D.C. 20008
202-282-7473/4

Linda Donnels
Director, Services for Students with
Disabilities-George Washington University
Rice Hall, 4th Floor
Washington, D.C. 20052
202-676-8250

Karen S. Franklin
Asst. to the Director
George Washington University
4th Floor or Rice Hall
2121 Eye Street
Washington, D.C. 20052
202-676-8250

Rhona Hartman
Director, HEATH/Closerlook
American Council on Education
One Dupont Circle
Washington, D.C. 20015

Dr. Ronald Howard
Project Director, National Association
State Boards of Education
444 N. Capital St. N.W.
Washington, D.C. 20001
202-624-5845

Peter McCabe
Senior Programs Analyst
U.S. Dept. Education
330 "C" St. SW
Washington, D.C. 20202
202-245-1686

Roy Nord
Consultant, NACUBO
1 Dupont Circle
Washington, D.C. 20036
202-861-2572

Rene Pellerin
"ACE" student, Gallaudet College
Box 1045
Washington, D.C. 20002
202-651-5143

John Raymer
Assistant Director, Student Special Services
Gallaudet College
7th & Flov Ave. N.E.
Washington, D.C. 20002
202-651-5405

WASHINGTON, D.C.

Martha Redden
Director, Project on the
Handicapped In Science
American Association for the
Advancement of Sciences
1776 Mass. Ave. N.W.
Washington, D.C. 20036
202-467-4497

Dr. Joseph Rosenstein
Coordinator, Regional Education
Programs for Handicapped Postsecondary
U.S. Dept. of Education
Washington, D.C. 20024
202-245-9722

JoAnne Simon
Director, Student Special Services
Gallaudet College
7th & Flov Ave. N.E.
Washington, D.C. 20002
202-651-5405

Susan Sorrells
Project Coordinator
HEATH/Closerlook Resource Ctr.
1201 16th St. N.W.
Washington, D.C. 20036

Joan Sklersky
Intern (Student)
George Washington University/
HEATH Closerlook
4107 W. St. NW
Washington, D.C. 20007
202-965-0227

WASHINGTON

Bob Benn
Special Programs Coordinator
Fort Steilacoom Community College
9401 Farwest Drive S.W.
Tacoma, WA 98801
206-964-6570

Diane Cantor
Disabled Students Services Staff Dev.
State Board for Washington
Community College
801 Wetmore Ave.
Everett, WA 98201
206-259-7151

Dick Hedges, Ph.D.
Program Coordinator for
Disabled Student Services
University of Washington
1607 - 11th W.
Seattle, WA 98119
206-283-2028

Marie Hudgins
Resource Program Coordinator
Seattle University
12th & E. Columbia
Seattle, WA 98122
206-626-5310

Ron LaFayette
Director, Special Programs
Seattle Community College
1801 Broadway
Seattle, WA 98122
206-587-4183

Ruth McCormick
Women's Programs Coordinator
Edmonds Community College
20000 68th Ave. W.
Lynnwood, WA 98036
206-771-1585

WISCONSIN

Betty Ann Fischer
Coordinator, Disabled Student Services
University of Wisconsin-Milwaukee
E Building, Room 186
Milwaukee, WI 53201
414-963-5051

Fred Greasby
Counselor, Wauk. Co.
Technical Institute
800 Main St.
Pewaukee, WI 53072
414-548-5277

Barbara Hummel
Free University Coordinator
Access to Independence
1954 E. Washington Ave.
Madison, WI 53704
608-251-7575

Blair Mathews
Assistant Vice Chancellor
University of Wisconsin-Madison
127 Bascom
Madison, WI 53706
608-263-5700

Alberta Richetelle
Counselor, University of Wisconsin-
Whitewater
800 Main Street
Whitewater, WI 53190
414-472-1698

Nachy Smith
Coordinator of Disabled Student Services
University of Wisconsin-Madison
77 Bascom Hall
Madison, WI 53706
608-263-4171

Ann M. Yurcisin
Coordinator, Services for Handicapped
Students
University of Wisconsin-Stout
309 Admin. Bldg.
Menomonie, WI 54751
715-232-2461

NEBRASKA

Bradley Munn
Affirmative Action Officer
University of Nebraska-Lincoln
504 Administration Bldg.
Lincoln, NB 68588
402-472-3417

MASSACHUSETTS

Dorothy O'Connell
Coordinator, Health and
Handicapped Services
Springs Rd.
Bedford, MA 01730
617-275-2638

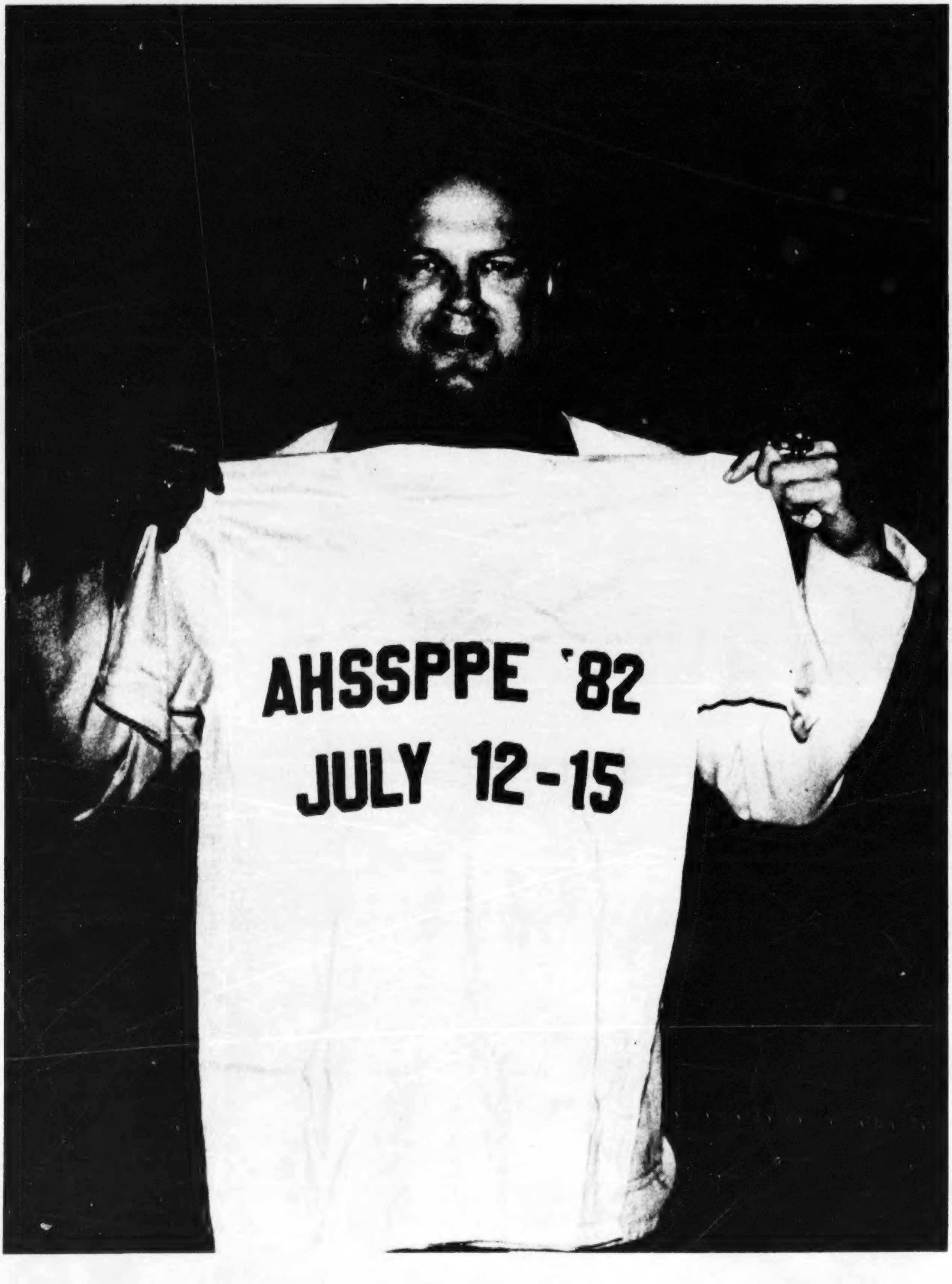
EXHIBITORS
AHSSPPE BOSTON '81

THE EXHIBIT AREA

APOLLO ELECTRONIC VISUAL AIDS, New York, NY
electronic visual aids (CCTV's)
CONCO INDUSTRIES, INC., West Haven, CT
portable science station for the physically handicapped
COPELAND EXTRALENS, INC., New York, NY
optical magnifying device for reading by the partially-sighted
DEAF COMMUNITY CENTER, Framingham, MA
communication devices for the deaf
HALL AND ASSOCIATES, Scituate, MA
Garaventa wheelchair elevators
KURZWEIL COMPUTER PRODUCTS, Cambridge, MA
reading machine
L & H REHABILITATIVE ENGINEERING, Allston, MA
legbag emptying system for use with wheelchair
MAINSTREAM, INC., Washington, D.C.
information and services for disabled consumers
MASSACHUSETTS ASSOCIATION FOR THE BLIND, Brookline, MA - services to visually impaired
NATIONAL HEAD INJURY FOUNDATION, Framingham, MA - information on foundation
TELESENSORY SYSTEMS, INC., Baie D'Urfe, Quebec
technology for expanding opportunities for people with disabilities
VISUALTEK, Santa Monica, CA
video visual aids for visually impaired
GILLIGAN TACTILES, West Newton, MA
raised, large print devices for the blind and visually-impaired

EXPO: Exposition of Exemplary Programs

DISABLED OR HANDICAPPED? - Sally Kneipp Temple University
HANDICAPPED STUDENTS AT CSUN - Patricia Conklin California State University at Northridge
HANDICAPPED STUDENTS ON DELTA'S CAMPUS - Larry E. Hert, Delta College
HEATH/CLOSER LOOK RESOURCE CENTER - Rhona Hartman
MAINSTREAMING M. R. ADULTS AT COMMUNITY COLLEGE - Terri Romanovitch, Bristol C. C.
MOUNT WACHUSETT COMMUNITY COLLEGE: A BARRIER-FREE ENVIRONMENT - Sandy Signor and Janice LeClair
NEW STUDENTS/NEW TECHNOLOGIES - Merril Parra and Ester Bivona, Queensborough C. C.
NORTHEASTERN UNIVERSITY STUDENTS ENGINEERING DESIGNS
PROGRAM OF ASSISTANCE IN LEARNING - Roberta McPhee, Curry College
RAYTHEON CORPORATION - Michael Warshawsky
UP-GRADING YOURS - Carol Stensrud, California State University, Chico


AHSSPPE '82
JULY 12-15

AHSSPPE

The Association on Handicapped Student Services Programs in Post-Secondary Education, (AHSSPPE), is a national organization of over 500 persons from all fifty states, Canada, and Puerto Rico committed to promoting the full participation of individuals with disabilities in college life. AHSSPPE, formally established on March 4, 1978, has grown from a group of concerned program directors who first met for a conference in October, 1978, to an association of over 200 institutions around the country. Our meetings and information sharing have focused on common problems and solutions in upgrading the quality of services available to handicapped students within post-secondary institutions.

GOALS

The Association has been established to provide a vehicle which will strengthen the professionalism, expertise, and competency of individuals who are vitally interested and involved in services for handicapped students by:

- Encouraging the development and expansion of a communications network for those persons professionally involved in programs for handicapped students
- Developing the capability to make timely and meaningful responses to issues and concerns affecting the educational resources and environment of handicapped students
- Serving as a mechanism to facilitate the collection and dissemination of information on post-secondary education and the handicapped student
- Exploring areas of qualifications of persons working with handicapped students on post-secondary campuses

In addition, the Association is committed to promoting equal rights and opportunities for handicapped post-secondary students and graduates by encouraging and supporting legislation for their benefit.

SERVICES

Annual Conference

An annual meeting is held in a different part of the country each July. (Chicago, 1979; Denver, 1980; Boston, 1981; Columbus, Ohio, 1982; Oakland, California, 1983). This annual meeting brings together service providers and students from throughout the United States and Canada to share ideas which enhance opportunities for disabled students in post-secondary education.

Information Referral System

This system is organized to provide specific information on needs concerning the provision of services to handicapped students in a college/university setting. Individuals seeking guidance in any of a number of areas will be provided with the names of several individuals within the Association who have expertise in the area of inquiry.

Employee Exchange

The job exchange is available to members seeking employment in the general area of working with disabled adults. It is also used by employers seeking qualified applicants.

Publications

The Annotated Bibliography is a compilation of sources important to individuals providing services to handicapped students in post-secondary education. The Annotated Bibliography, which is updated with supplements, is available to members at a reduced cost.

The AHSSPPE Newsletter

Alert, is published five times a year. Its contributors are members of AHSSPPE. The newsletter includes Association news, items of interest to the handicapped, employment opportunities, campus happenings (from the various campuses that belong to AHSSPPE), and details on the annual AHSSPPE conferences.

Conference Proceedings

Conference Proceedings are published for the annual conference, and are made available free of charge to conference participants and at a modest cost to others. Past Proceedings are available from 1977, 1978 and 1980.

AHSSPPE Executive Council 1980-81

President - Janet Huss, Iowa State University, Ames, Iowa
President-Elect - Richard Harris, Ball State University, Muncie, Indiana
Secretary - Jim Shearer, University of Minnesota, Duluth
Treasurer - Sharon Bonney, University of California, Berkeley
Past President - Cindy Kolb, San Francisco State College
Sherry Andrues - Alert Editor, Portland Community College, Oregon
Carol Goldstein - Membership, California State University, Pomona
Jane Jarrow - Communications, Ohio State University, Columbus
Warren King - Legislative, Ohio State University, Columbus
Pat Pierce - Professional Development, Vanderbilt University, Memphis, Tennessee
Joanne Simon - External Affairs, Gallaudet College, Washington, D.C.
Steve Simon - Special Concerns, Wright State University, Dayton, Ohio

General Information on the Association including membership may be obtained by writing:

AHSSPPE
P.O. Box 886
Ames, Iowa 50010